

Name  
in  
Full

Amelia Allen

## CERTIFICATE OF DEATH

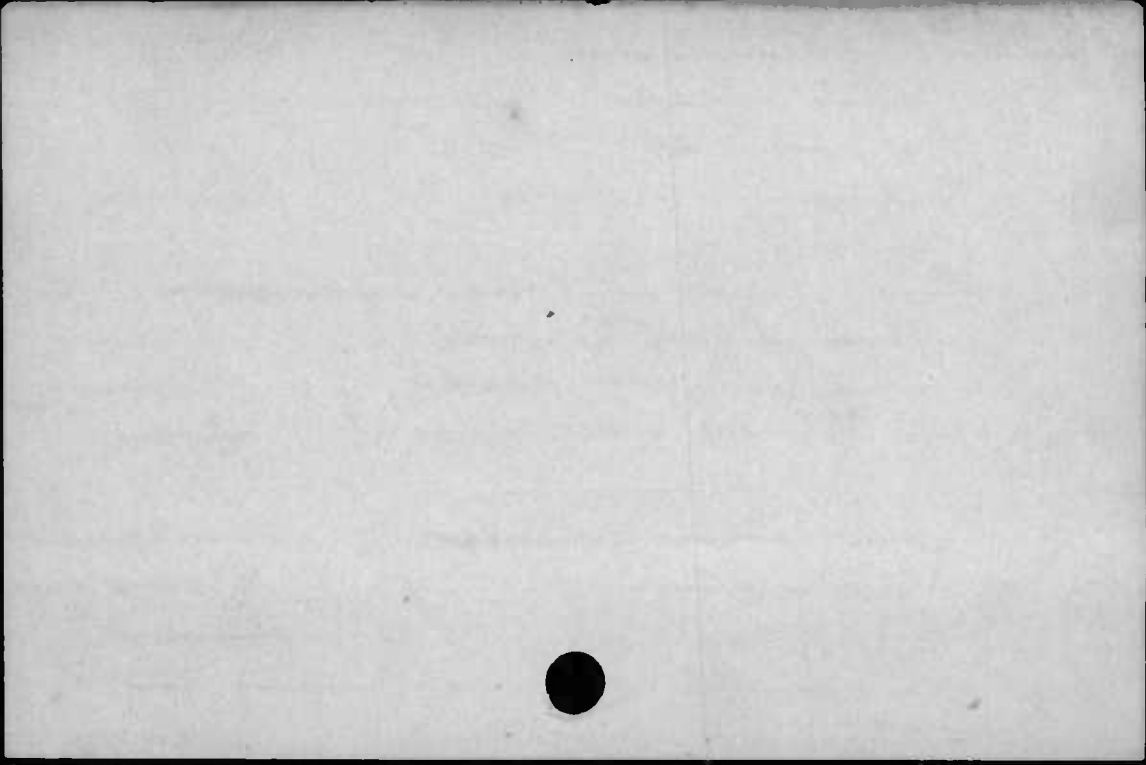
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town North Branch		County Balto		MARYLAND	
Date of death	1906	Month May	Day 15	Age 58	Years	Months	Days
Sex	Female		Color or Race	White		Birth- place	North Branch
Occupation	Housewifery			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Nephritis	How long	(120)
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	
		R. H. Helle	
		Marionville Ind	
Accident or Suicide?			



Name  
in  
Full

Mollie Anderson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Poplar Heights</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1906	Month	May	Day	24	Age	55
Sex	Female		Color or Race	White		Birth-place	Germany
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband	John Anderson			
Father's Name	George Rutkowski				Father's Birthplace	Germany	
Mother's Maiden Name	Maggie Koczalska				Mother's Birthplace	Germany	
Name of person giving information	Alex. Anderson				How related to deceased	Son	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Carcinoma stomach</i>	How long	<i>40</i> several years
Immediate	<i>Exhaustion</i>	How long	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>F. C. Hildes M.D.</i>	
		Address	
		<i>Spencer Street</i>	
		<i>Wash.</i>	
Accident or Suicide?			

F. C. Eldred

Name  
in  
Full

Walburga Baunimer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highlandtown</i> <sup>Town</sup>		<i>Balto</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i> <sup>Month</sup> <i>May</i> <sup>Day</sup> <i>22</i>	Age <i>56</i> <sup>Years</sup>		Months <i>—</i>	Days <i>—</i>	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Germany</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Alois Baunimer</i>				
Father's Name <i>—</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>—</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Alois Baunimer</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>2 mo.</i>
Immediate <i>Uræmic Poisoning</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. S. Warner M.D.</i>
	Address <i>1121 Highland</i>
Accident or Suicide? <i>No</i>	

Germanus France

Sacred Heart Cemetery

May 25<sup>th</sup> 1906

Name  
in  
FullSignature *Buttrey*

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

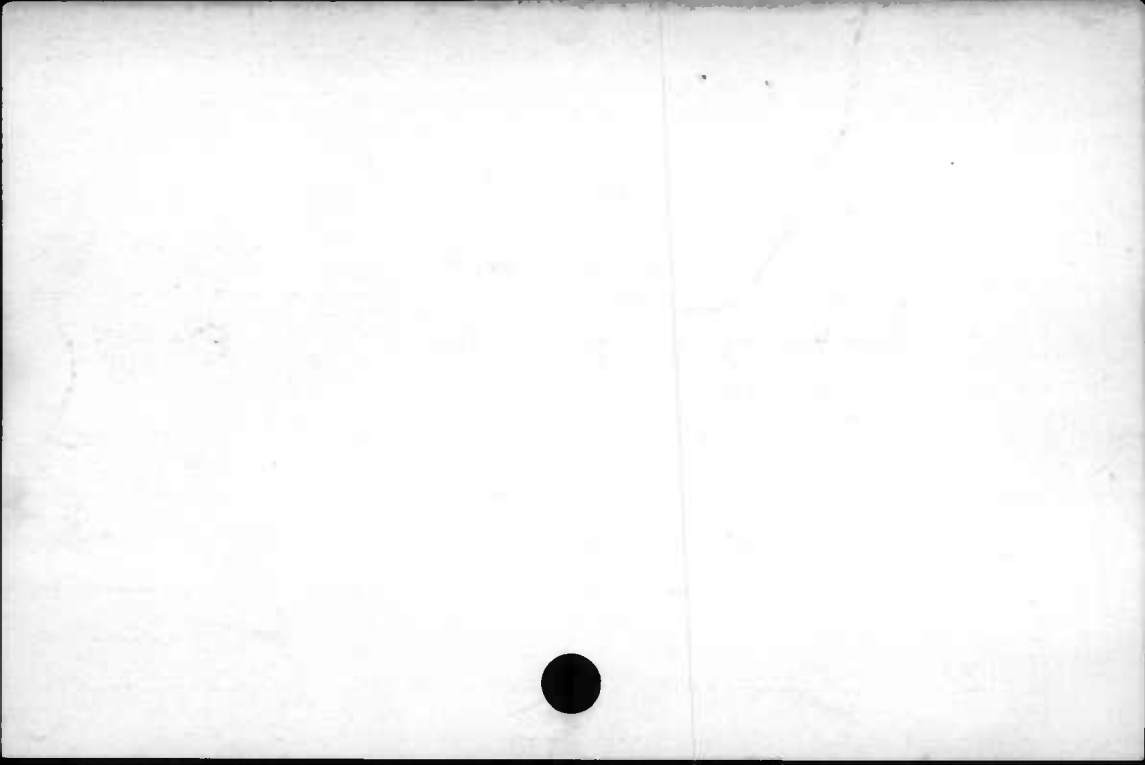
MARYLAND

Died at <i>Cabonsville</i> Town		<i>Buttrey</i> County	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>11</i>	Age <i>89 1/2</i> Years
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Hungary</i>	
Occupation <i>Mechanical</i>	Where Residing if not at place of death <i>At home</i>		
Married, Single or <del>Widowed</del>	Name of Wife or Husband		
Father's Name		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving information		How related to deceased	

## CAUSES OF DEATH

Primary <i>Grave Dementia</i>	How long <i>For years</i>
Immediate <i>Pneumonia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Richard F. Gandy</i>
Accident or Suicide? <i>No</i>	Address <i>Cabonsville Md</i>

PHYSICIAN  
OR CORONER



Name  
in  
Full

Caroline Bieberbach

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>White Marsh</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>May</i>	Day <i>31</i>	Age <i>62</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birthplace <i>Germany</i>		
Married, Single or Widowed <i>widowed</i>			Occupation <i>Housewife</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>C. Griener</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Susana Scheller</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Mrs H. Badenkopf</i>			How related to deceased <i>daughter</i>		

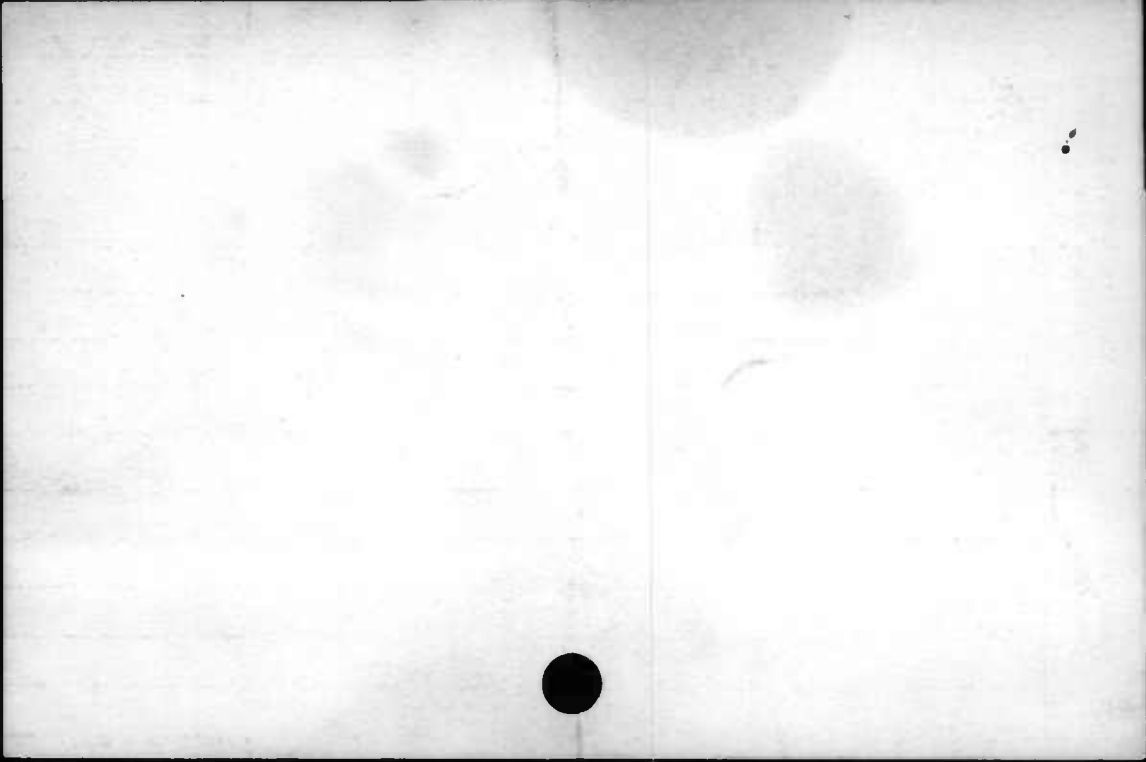
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pul. tuberculosis</i>	How long <i>4 months</i>
Immediate <i>Aschemia</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John W. Hammond</i>
	Address <i>Middle River Md</i>
Accident or Suicide? <i>No</i>	



Name in Full		Henry Brian				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town 16th & Toms Cts		County Bolt		MARYLAND
	Date of death	1906	Month May	Day 17	Years Age 58	Months 5	Days 21
	Sex	male		Color or Race	white		Birth-place Germany
	Occupation	Laborer			Where Residing if not at place of death		
	Married, Single or Widowed	widower		Name of Wife or Husband	Anna M. Brian		
	Father's Name	Henry Brian				Father's Birthplace	Germany
	Mother's Maiden Name					Mother's Birthplace	
TO BE ANSWERED BY PHYSICIAN OR CORONER	Name of person giving information		Maggie Alwater				How related to deceased
							daughter
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Chronic interstitial nephritis				How long	Probably ever yes (?)
	Immediate	pulmonary edema				How long	2-3 weeks
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	H. M. Wright	
					Address	S. F. Co. Bldg + Carter Bldg	
	Accident or Suicide?						



Name  
in  
Full

Francesco Capozzoli

## CERTIFICATE OF DEATH

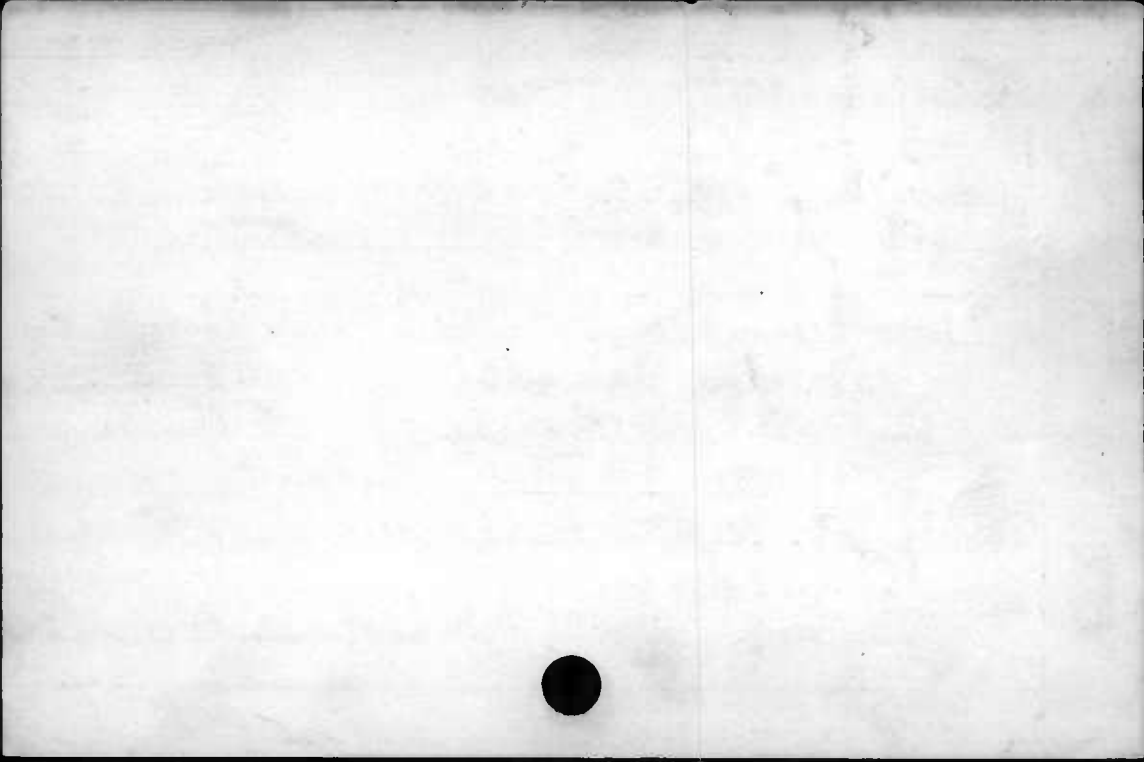
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Alberton</i>		County <i>Baltimore</i>		MARYLAND					
Date of death		Month		Day		Years		Months		Days	
1906		<i>May</i>		<i>16</i>		<i>25</i>					
Sex		Color or Race		Birth-place							
<i>Male</i>		<i>White</i>		<i>Italy</i>							
Occupation				Where Residing if not at place of death							
<i>Laborer</i>											
Married, Single or Widowed				Name of Wife or Husband							
Father's Name				Father's Birthplace							
<i>Giuseppe Capazzoli</i>				<i>Italy</i>							
Mother's Maiden Name				Mother's Birthplace							
Name of person giving information				How related to deceased							
<i>Leopold Sabatelli</i>											

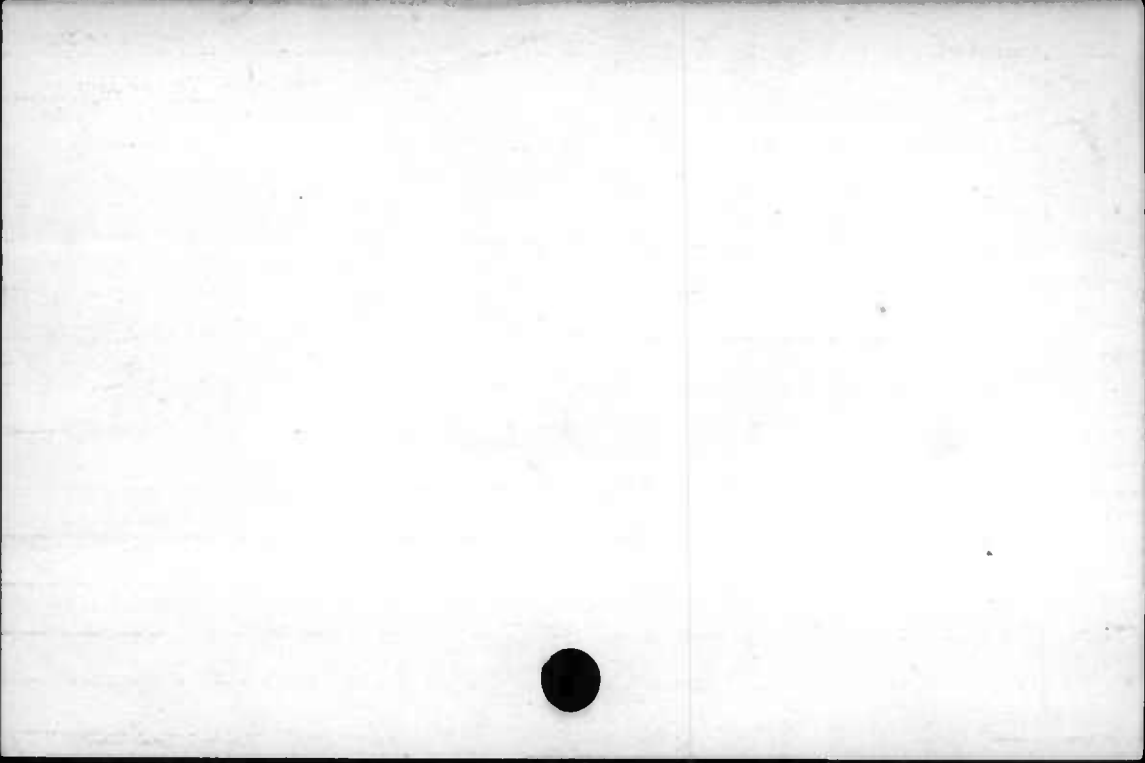
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Struck by locomotive</i>	How long	
Immediate	<i>Neck broken</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Wm. B. Gambrell</i>
<i>yes</i>		Address	
Accident <del>or</del> suicide?			



Name in Full <b>Mazie M Carroll</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Catonsville</b> <small>Town</small>		<b>Balto</b> <small>County</small>
	Date of death <b>1906</b> <small>Month</small> <b>May</b> <small>Day</small> <b>26</b> <small>Years</small> <b>21</b>		<b>MARYLAND</b> <small>Months</small> <b>—</b> <small>Days</small> <b>—</b>
	Sex <b>female</b>	Color or Race <b>Colored</b>	Birth-place <b>Baltimore</b>
	Occupation <b>School Teacher</b>	Where Residing if not at place of death <b>Catonsville</b>	
	Married, Single or Widowed <b>Single</b>	Name of Wife or Husband <b>—</b>	
	Father's Name <b>Wm Carroll</b>	Father's Birthplace <b>Howard Co</b>	
	Mother's Maiden Name <b>Kathelle Taylor</b>	Mother's Birthplace <b>Pa.</b>	
Name of person giving information <b>Orlando Carroll</b>	How related to deceased <b>Brother</b>		
CAUSES OF DETH			
PHYSICIAN OR CORONER	Primary <b>Purpura Hemorrhagica</b>	How long <b>95</b>	<b>4 weeks</b>
	Immediate <b>asthenia</b>	How long	<b>4 weeks</b>
	Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>Marshall B West</b>	
		Address <b>Catonsville, Md.</b>	
	Accident or Suicide? <b>—</b>		



Name  
in  
Full

Richard Carroll

## CERTIFICATE OF DEATH

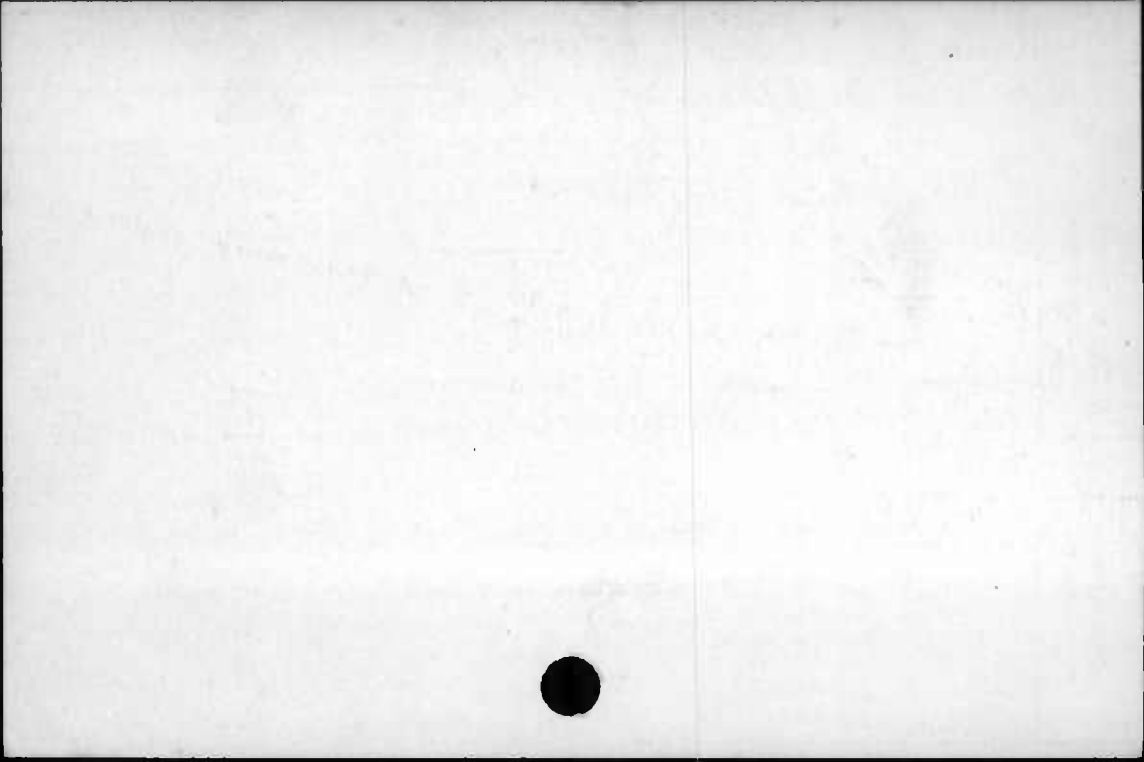
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Wt Hope Reformat</u>		Town <u>Baltimore</u>		County <u>Co</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>May</u>	Day <u>7</u>	Years <u>abt 46</u>	Months <u>unknown</u>	Days <u>unknown</u>		
Sex <u>Male</u>	Color or Race <u>White</u>		Birth place <u>Pittsburg Pa</u>				
Occupation <u>Clerk</u>	Where Residing If not at place of death <u>Pittsburg Pa</u>						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u></u>						
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>						
Mother's Maiden Name <u>"</u>	Mother's Birthplace <u>"</u>						
Name of person giving information <u>Recks Mt Hope Reformat</u>	How related to deceased <u>not at all</u>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Mania Chronic</u>	How long <u>abt 21 years</u>
Immediate <u>Exhaustion</u>	How long <u>3 or 4 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Frank J. Flannery MD</u>
	Address <u>Mt Hope Reformat</u>
	<u>Baltimore Md</u>
Accident or Suicide? <u></u>	



Name

in  
Full

Charles S. Cheatham

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		May	15	Age 46	unknown	unknown	
Sex		Color or Race		Birth-place			
Male		White		N. C.			
Occupation				Where Residing if not at place of death			
Grain Dispatcher				Port Antonio Va.			
Married, Single or Widowed		Name of Wife or Husband					
Single		unknown					
Father's Name		Mother's Maiden Name				Father's Birthplace	
unknown		ll				Mother's Birthplace	
Name of person giving information		Recd. Mt Hope Retreat				How related to deceased	
						Not at all	

## CAUSES OF DEATH

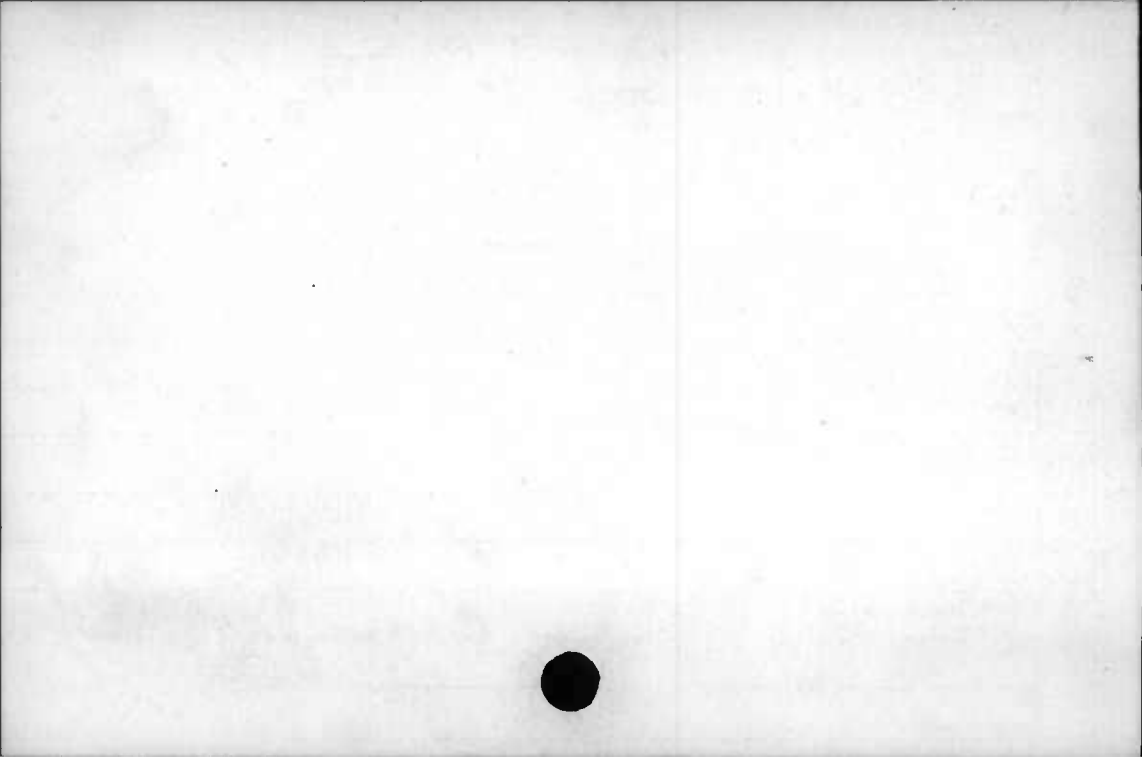
PHYSICIAN  
OR CORONER

Primary	Melancholia - Post Paralytic	How long	over year
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Frank J. Flannery	
		Address	
		Mt Hope Retreat	
		Baltimore Co	
Accident or Suicide?			



Name in Full		Della Grace. Cooper				CERTIFICATE OF DEATH		
TO BE ANSWERED BY • NEAREST FRIEND		Died at		Parkton		Balt Co		
		Date of death		1906	Month	May	Day	21
		Age		26	Years	3	Months	23
		Sex		Female		Color or Race		White
		Birth-place		Maryland		Occupation		Housekeeper
		Where Residing if not at place of death		—		Married, Single or Widowed		Married
		Name of Wife or Husband		Clarence F. Cooper		Father's Name		Don't know
Father's Birthplace		Don't know		Mother's Maiden Name		Mary. Bollinger		
Mother's Birthplace		Md		Name of person giving information		Clarence F. Cooper		
How related to deceased		Husband						

CAUSES OF DEATH			
Primary		Child Birth	
Immediate		Puerperal Eclampsia	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		R. R. Morris	
Address		Parkton Md	
Accident or Suicide?		No	



Name  
in  
Full

Unmanned Infant Boyer

## CERTIFICATE OF DEATH

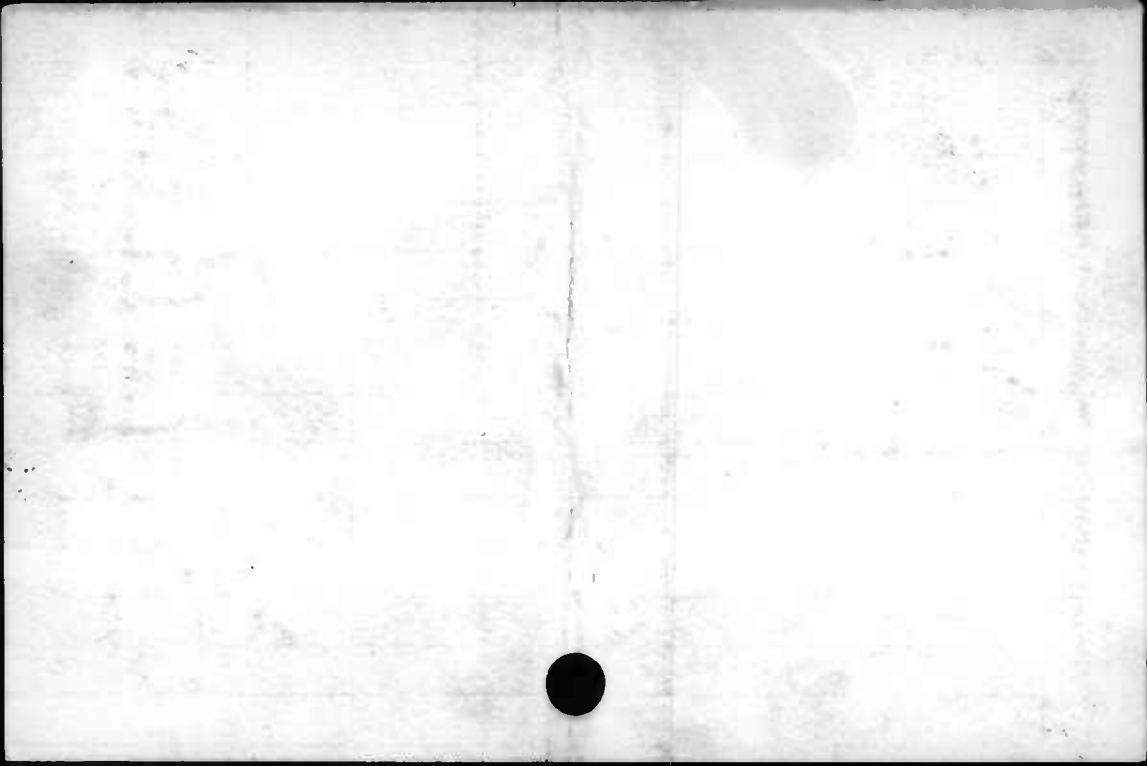
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Beyers		County Bucks		MARYLAND	
Date of death 1906		Month May	Day 29	Age 1	Years 1	Months 1	Days 1
Sex Female		Color or Race Colored		Birth- place Ill			
Married, Single or Widowed —				Occupation —			
Name of Wife or Husband —							
Father's Name Bradley Cooper				Father's Birthplace Ill			
Mother's Maiden Name Mary L. Puelson				Mother's Birthplace Ill			
Name of person giving Information Bradley Cooper				How related to deceased Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Still Born	—
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Coroner Jas. F. Libon
7	Address Chambers
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Ethel Courtney</i>		Town <i>Canton Heights Gardenville</i>		County <i>Balto</i>		MARYLAND	
Died at		Date of death		Age		Months Days	
Month <i>May</i>		Day <i>25</i>		Years <i>1</i>		<i>6</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Balto City</i>			
Occupation				Where Residing if not at place of death <i>Canton Heights Gardenville</i>			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>W. F. Courtney</i>		Father's Birthplace <i>Balto City</i>					
Mother's Maiden Name <i>B Ethel M. Smith</i>		Mother's Birthplace <i>Balto City</i>					
Name of person giving information <i>W. F. Courtney</i>		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Diphtheria (Laryngeal)</i>	How long <i>2 weeks</i>
Immediate <i>Bronchopneumonia</i>	How long <i>3 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Albert G. Singwald M.D.</i>
	Address <i>1202 N. Patterson Ph Ave</i>
Accident or Suicide?	

Baltimore Cemetery

Christian Miller  
2334 Jefferson st

Name  
in  
Full

## CERTIFICATE OF DEATH

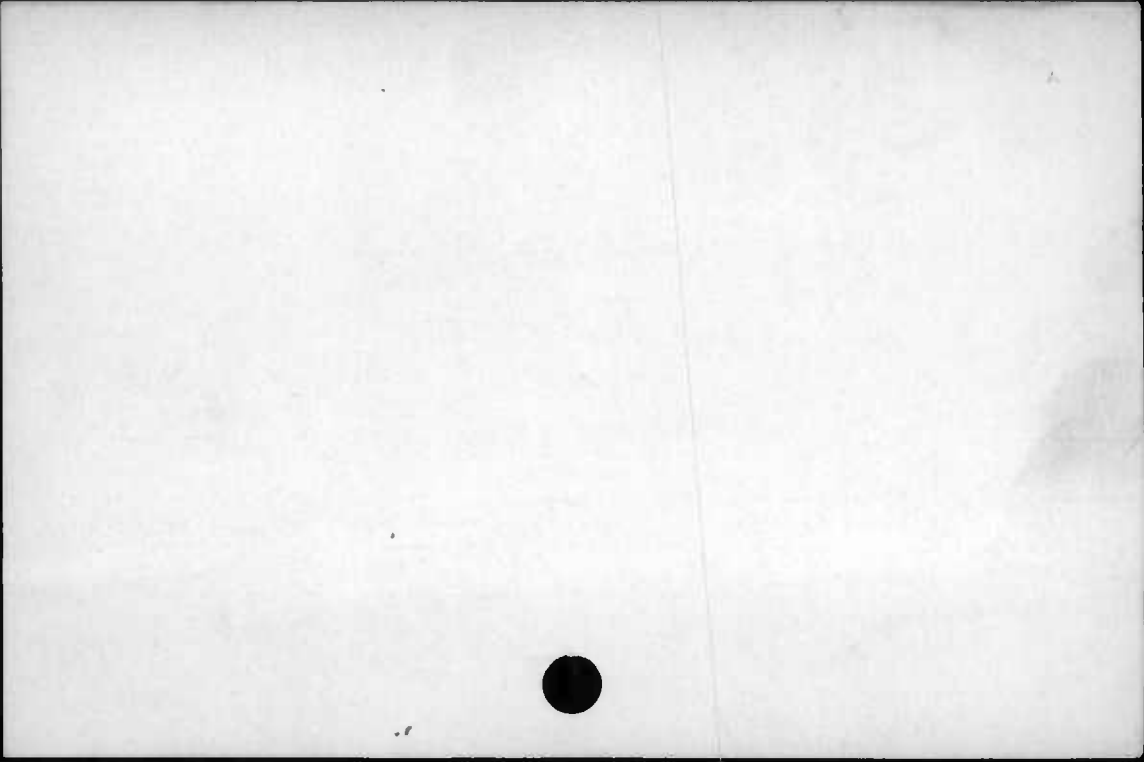
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Eutaw Heights Gardenville		County Balt. County		MARYLAND	
Date of death		Month May		Day 20.6		Age Years 5 Months 20 Days	
Sex male		Color or Race W.		Birth- place Balt. city			
Occupation _____				Where Residing if not at place of death Eutaw Heights			
Married, Single or Widowed _____		Name of Wife or Husband _____					
Father's Name William F. Courtney		Father's Birthplace Maryland					
Mother's Maiden Name Ethel M. Smith		Mother's Birthplace Maryland					
Name of person giving Information Wm. F. Courtney		How related to deceased Father					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Cerebral Meningitis (61)		How long 4 weeks	
Immediate Coma		How long 1 week.	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Albert G. Singewald	
		Address 202 N. Patterson Pk Ave.	
Accident or Suicide?			



Name

In Full

Alfred Crossmore.

## CERTIFICATE OF DEATH

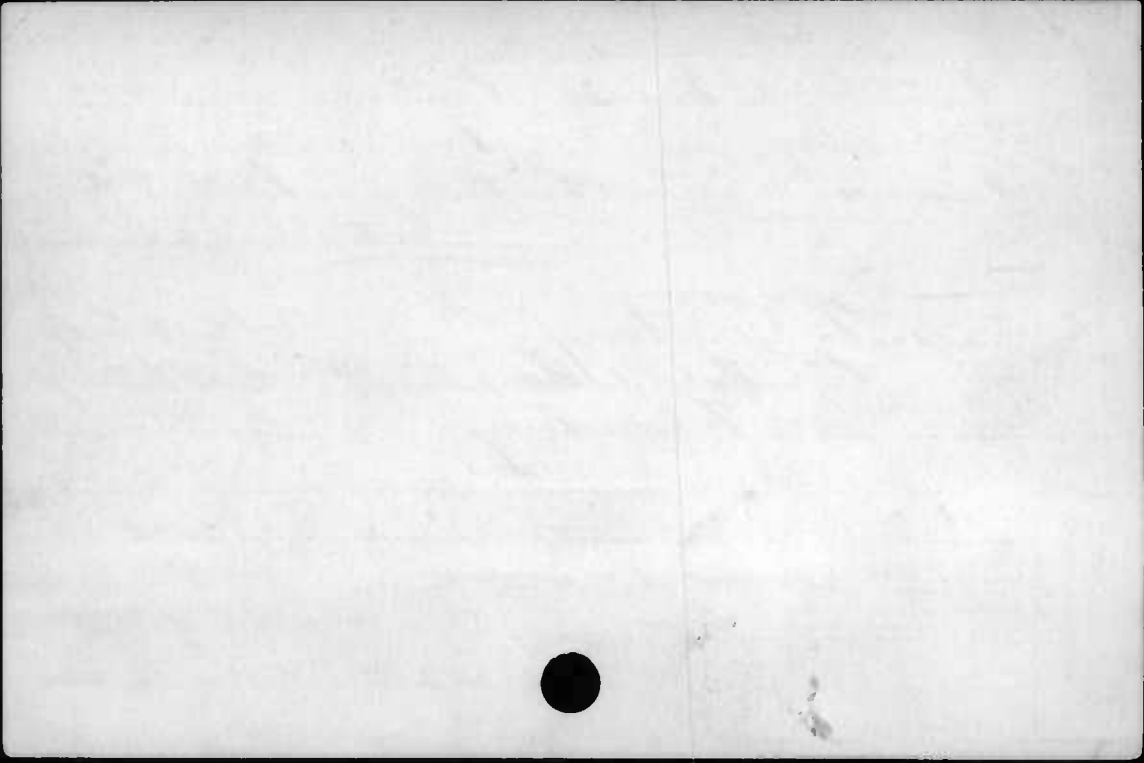
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bradshaw</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906</i>	Month <i>May</i>	Day <i>1</i>	Age <i>81</i> <sup>Years</sup>	Months <i>29</i> <sup>Days</sup>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Harford County</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Martha A.</i>			
Father's Name <i>William Crossmore</i>			Father's Birthplace <i>Pennsylvania</i>		
Mother's Maiden Name <i>Mary Stagers</i>			Mother's Birthplace <i>France</i>		
Name of person giving information <i>Carrie J. Crossmore</i>			How related to deceased <i>(81) Daughter</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senility - Atherosclerosis</i>	How long <i>Years</i>
Immediate <i>Arteriosclerotic heart disease</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Holmes Smith</i>
	Address <i>27 W. Preston St. Baltimore</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

Charles E. Davis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Baltimore</i> <small>Town</small>		<i>Balto</i> <small>County</small>			
Date of death <i>1906</i>	<i>May</i> <small>Month</small>	<i>6<sup>th</sup></i> <small>Day</small>	Age <i>60</i> <small>Years</small>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Talbot Co</i>		
Occupation <i>Carpenter</i>		Where Residing if not at place of death <i>Caroline Co</i>			
Married, Single or Widowed <i>Widowed</i>	Name of Wife or <del>husband</del> <i>Anna E. Davis</i>				
Father's Name <i>Edw. J. Davis</i>			Father's Birthplace <i>Queen Anne's Co</i>		
Mother's Maiden Name <i>Ellen J. Davis</i>			Mother's Birthplace <i>Talbot Co</i>		
Name of person giving information <i>Wm J. Davis</i>			How related to deceased <i>Brother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Heart Disease</i>	How long <i>3 yrs</i>
Immediate <i>Exhaustion</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Hartman</i>
	Address <i>City Hospital</i>
	<i>Balto</i>
Accident or Suicide?	

Bured at  
Spring Hill  
May 8/06.

Name  
in  
Full

## CERTIFICATE OF DEATH

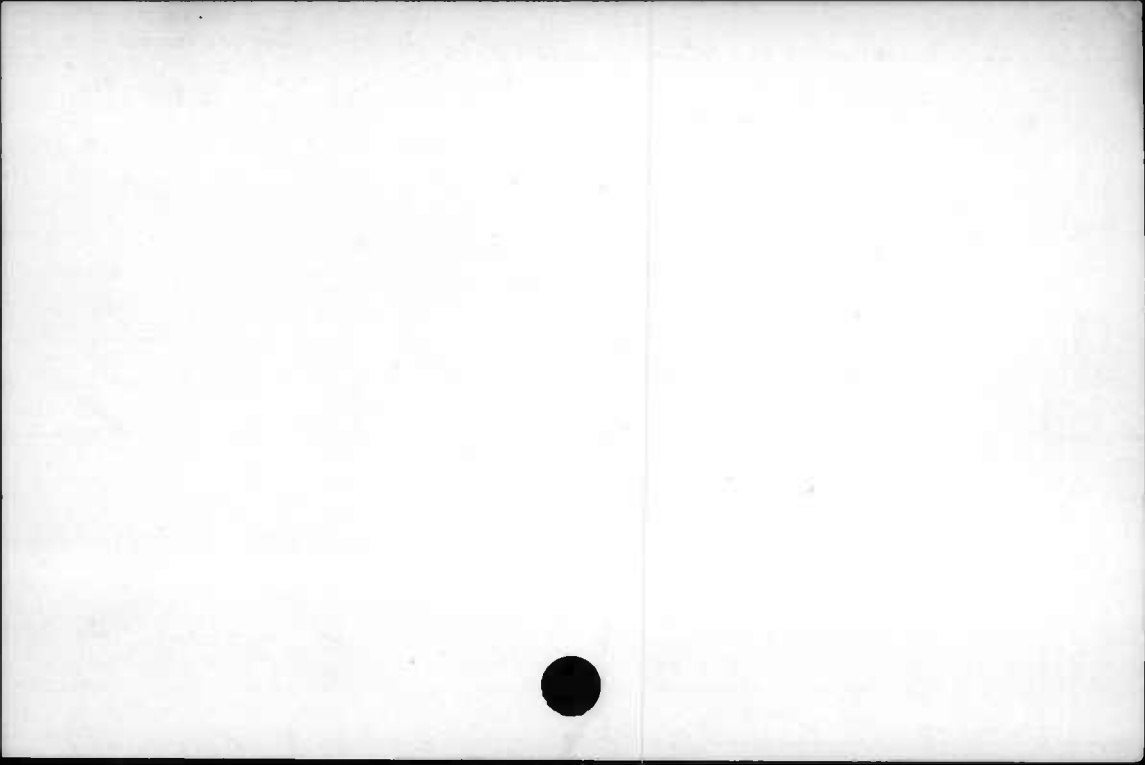
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bramble</u> <sup>Town</sup>		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>May</u>	Day <u>11</u>	Age <u>10</u>	Years <u>24</u>	Months <u>10</u>
Sex <u>female</u>	Color or Race <u>Black</u>		Birth-place <u>Ind</u>		
Occupation <u>—</u>	Where Residing if not at place of death <u>Same</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Mark Davis</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Faith Bennett</u>	Mother's Birthplace <u>Ind</u>				
Name of person giving information <u>Mark Davis</u>	How related to deceased <u>Faith</u>				

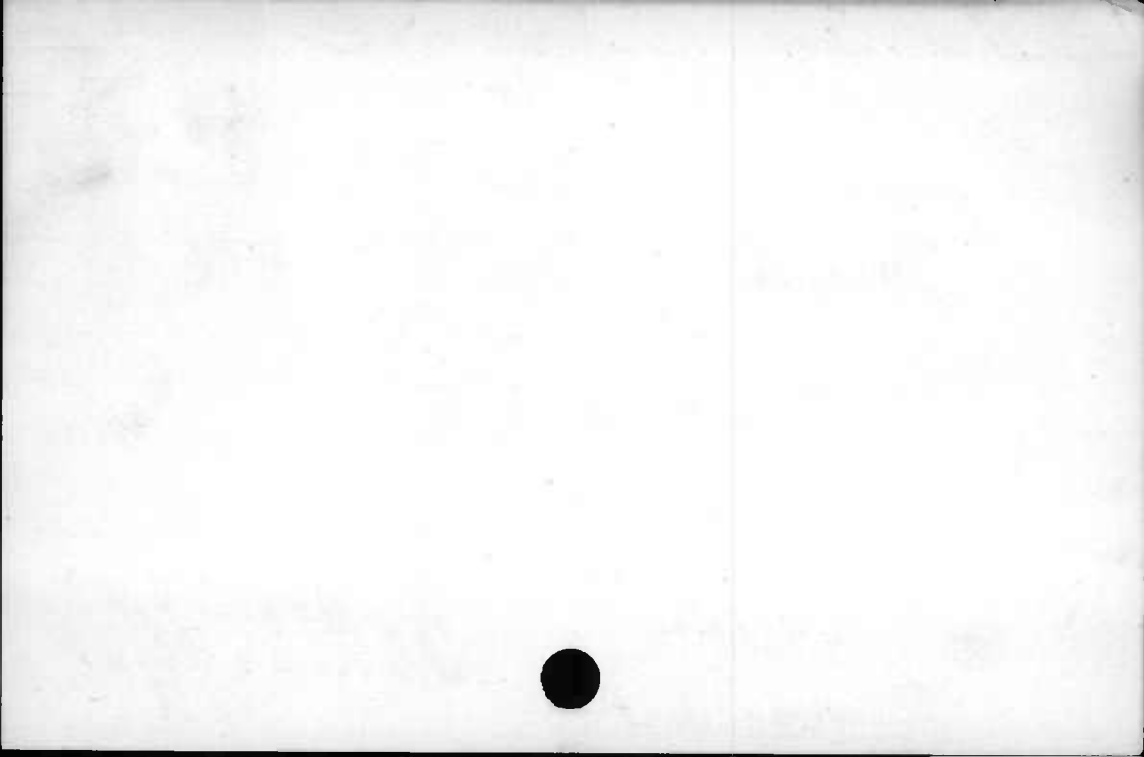
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>2 months</u>
Immediate <u>Cardiac Asthma</u>	How long <u>few hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. F. Stimpf, M.D.</u>
	Address <u>Bramble Ind.</u>
Accident or Suicide? <u>—</u>	



Name in Full		Town				County				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Granet</u>				<u>Baltimore</u>				MARYLAND			
		Date of death <u>1906 May</u>		Month <u>11</u>		Day <u>11</u>		Age <u>2</u>		Years <u>7</u>		Months <u>8</u>	
		Sex <u>Female</u>		Color or Race <u>Black</u>		Birth-place <u>Ind</u>							
		Occupation <u>—</u>				Where Residing if not at place of death <u>Same</u>							
		Married, Single or Widowed <u>Single</u>				Name of Wife or Husband							
		Father's Name <u>Mark Davis</u>				Father's Birthplace <u>Ind</u>							
		Mother's Maiden Name <u>Hattie Green</u>				Mother's Birthplace <u>Ind</u>							
		Name of person giving information <u>Mark Davis</u>				How related to deceased <u>Father</u>							
CAUSES OF DEATH													
PHYSICIAN OR CORONER		Primary <u>Pulmonary Tuberculosis</u>				How long <u>5 months</u>							
		Immediate <u>Cardiac Arrest</u>				How long <u>few hours</u>							
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>				Signature of Physician <u>R. J. Triple</u>							
						Address <u>Granet Ind</u>							
		Accident or Suicide? <u>—</u>											



Name  
in  
Full

William Lickman

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Sparrows Point <sup>County</sup> Baltimore

MARYLAND

Date of death 1906 <sup>Month</sup> May <sup>Day</sup> 30 <sup>Years</sup> Age 45- <sup>Months</sup> <sup>Days</sup>Sex Male <sup>Color or Race</sup> negro <sup>Birth-place</sup> VirginiaOccupation Laborer <sup>Where Residing if not at place of death</sup>Married, Single or Widowed Married <sup>Name of Wife or Husband</sup>

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

J. B. Blair

How related to deceased

## CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. B. Blair J. P.  
Sparrows Point  
Md.

Accident or Suicide?

accident

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
-in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Louis Dreller*

Died at *Near Arlington* <sup>Town</sup> *Baltimore* <sup>County</sup> **MARYLAND**

Date of death 190*6* Month *5* Day *28* Age *76* Years Months Days

Sex *Male* Color or Race *White* Birthplace *Germany*

Married, Single or Widowed *—* Occupation *Labourer*

Name of Wife or Husband *—*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *H. H. Enrich* How related to deceased *None*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Consumption* 27 How long *10 or 12 yrs.*

Immediate *Tubercular hemorrhage* How long *immediate*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *H. H. Enrich*  
Address *acting coroner, Arlington, Md.*

Accident or Suicide? *—*

1000 g. wt



Name in Full *Child of Edith + Richard Duvall*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Georgetown, Belknap Lane</i> Town		<i>Balto</i> County		MARYLAND	
Date of death	<i>1906</i> Month <i>May</i>	Day <i>30</i>	Age <i>—</i> Years	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Md.</i>			
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Richard Duvall</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Edith M. Senior</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Richard Duvall</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Still-Born,</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>M. L. Smith?</i>
	Address <i>#7 Mine Bank Lane</i>
Accident or Suicide?	

Gürbler + Gürbler

1739 E. Eager St.

Balt. Cem.

May 31-06

Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

Died at *Grange P.O.* Town*Balto* CountyDate of death *1906* Month *May*Day *2*Age *7* YearsMonths *-*Days *-*Sex *Male*

Color or Race

*White*

Birth-place

*Balto Co.*Occupation *-*Where Residing if not at place of death *-*Married, Single or Widowed *-*Name of Wife or Husband *-*

Father's Name

*Jno. H. Eckess*

Father's Birthplace

*Balto Co.*

Mother's Maiden Name

*Eugene Strimse*

Mother's Birthplace

*Balto City*

Name of person giving information

How related to deceased

*Father*

## CAUSES OF DEATH

Primary

*Diphtheria. (Nasal Pseudo Epithelior.)*

How long

*12 days*

Immediate

*General Infection Heart Failure*

How long

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

Address

*E. W. Atterbury**28 Henderson St*

Accident or Suicide?

*No*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

J P Nicolaus & son

1820 Canton Ave

1st German Cem

May 3<sup>rd</sup> 1906

Name  
in  
Full

Anna Catharine Erhardt

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Canton		County Balto.		MARYLAND	
Date of death		1906	Month May	Day 6 <sup>th</sup>	Age —	Years —	Months 7
Sex		Female		Color or Race		White	
Occupation		none		Where Residing if not at place of death		22 Second St	
Married, Single or Widowed		Single		Name of Wife or Husband		—	
Father's Name		George Erhardt				Father's Birthplace	
Mother's Maiden Name		Elizabeth Hessler				Mother's Birthplace	
Name of person giving In formation		George Erhardt				How related to deceased	
						Father.	

## CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

PHYSICIAN  
OR CORONER

Germanus France  
Sacred Heart Cemetery  
May 8<sup>th</sup> 1906

Name  
in  
Full

William C. Fields

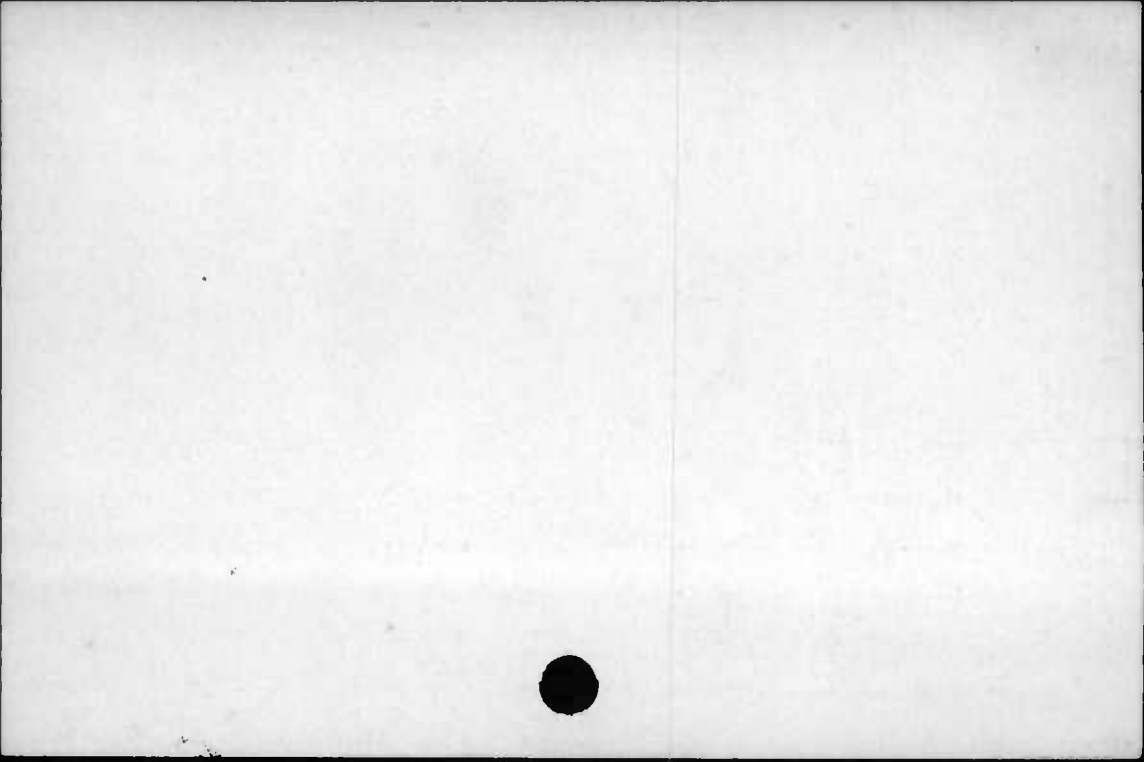
## CERTIFICATE OF DEATH

Died at <u>Pikesville</u> <sup>Town</sup>		<u>Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death	1906	Month	5	Day	19
Age		Years		Months	Days
34		—		—	
Sex	<u>Male</u>		Color or Race	<u>White</u>	
Occupation	<u>Druggist</u>		Birth-place	<u>Md</u>	
Where Residing if not at place of death			<u>Pikesville</u>		
Married, Single or Widowed	<u>Married</u>		Name of Wife or Husband	<u>Margaret Field</u>	
Father's Name	<u>Daniel Fields</u>			Father's Birthplace	<u>N.Y.</u>
Mother's Maiden Name	<u>Harriet P. Wright</u>			Mother's Birthplace	<u>Md.</u>
Name of person giving information	<u>Daniel Fields</u>			How related to deceased	<u>Brother</u>

## CAUSES OF DEATH

Primary	<u>Acute rheumatism</u>	How long	<u>about 2 weeks</u>
Immediate	<u>Peritonitis</u>	How long	<u>about 1 week</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>W. B. Munn</u>
		Address	<u>Pikesville Md.</u>
Accident or Suicide?			

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

William H. Fiske Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Highlandtown		<sup>County</sup> Balto.		MARYLAND	
Date of death 1906		Month 5		Day 27	
Sex Male		Color or Race White		Birth-place Balto. Co.	
Occupation None		Where Residing if not at place of death		#123 S. East Ave.	
Married, Single or Widowed		Name of Wife or Husband			
Father's Name William H. Fiske Sr.		Father's Birthplace Balto.			
Mother's Maiden Name Margaret E. Walters		Mother's Birthplace Balto.			
Name of person giving information William H. Fiske Sr.		How related to deceased Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Trismus Infantum</i>	How long	3 days
Immediate	<i>convulsions</i>	How long	a few hours
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician F. A. Warner, M.D.	
		Address 1133 Valley St	
Accident or Suicide?			

J. Herwig & Son

Oak Lawn Cemetery

.5 /28 /06

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Jacob Fox* Town *Sparrow's Point* County *Baltimore* MARYLAND

Died at *Sparrow's Point*

Date of death *1906 May 13* Age *60* Months *-* Days *-*

Sex *Male* Color or Race *White* Birth-place *Remu.*

Occupation *Bricklayer* Where Residing if not at place of death *-*

Married, Single or Widowed *married* Name of Wife or Husband *Mellinda Fox*

Father's Name *-* Father's Birthplace *-*

Mother's Maiden Name *-* Mother's Birthplace *-*

Name of person giving information *John E. Miller* How related to deceased *Friend.*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

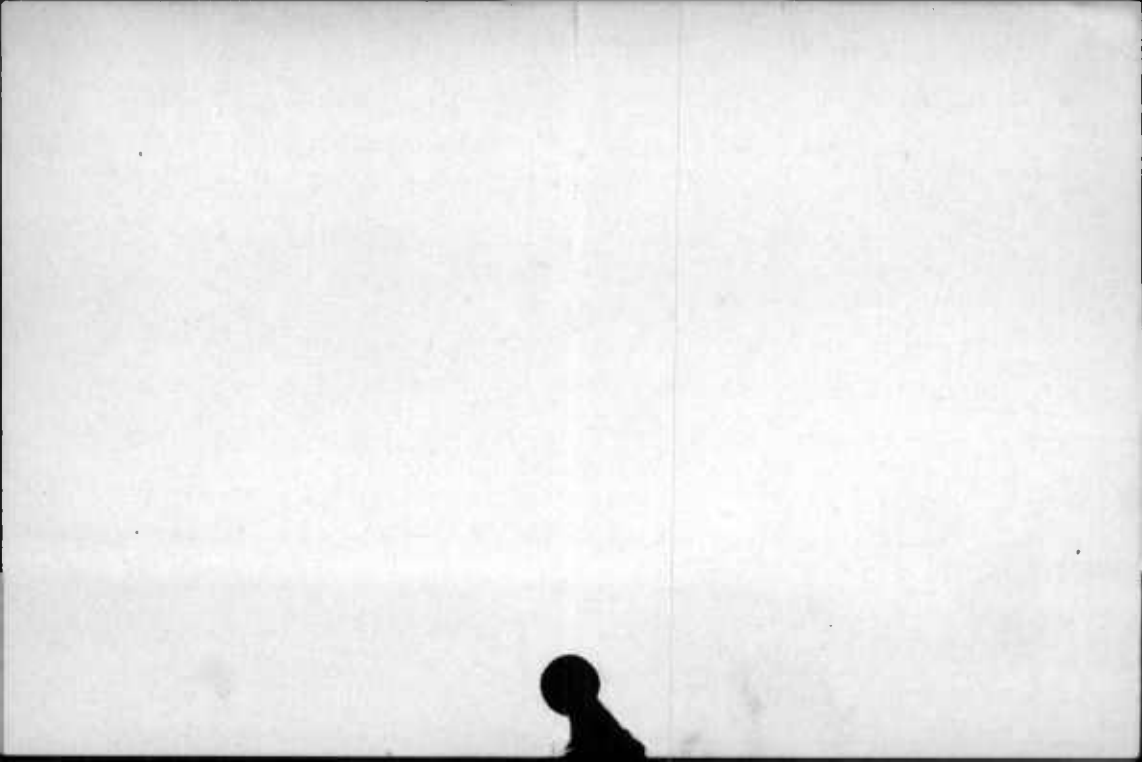
Primary *Cerebral Haemorrhage* How long *2 days*

Immediate *Heimiphasis* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *H. Woodward M.D.*

Address *-*

Accident or Suicide?



Name  
in  
Full

Benjamin Edward French

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Halltown</i> <small>Town</small>			<i>Baltimore</i> <small>County</small>			MARYLAND	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>29</i>	Age <i>69</i>	Years <i>6</i>	Months <i>0</i>	Days <i>0</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Primer, George, Md</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>Halltown</i>				
Married, Single <input checked="" type="checkbox"/> Widowed			Name of Wife or Husband <i>—</i>				
Father's Name <i>William French</i>			Father's Birthplace <i>Bo. Md Prince George</i>				
Mother's Maiden Name <i>Don't know</i>			Mother's Birthplace <i>Don't know</i>				
Name of person giving information <i>Mrs Belle Lee</i>			How related to deceased <i>Daughter</i>				

114

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Perichepatitis</i>	How long <i>6 years</i>
Immediate <i>General failure of vital powers</i>	How long <i>6 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr J E Benson</i>
	Address <i>Rockyville</i>
Accident or Suicide?	<i>Md</i>

John Bunsong

Low on

Prospect Hill  
Can

Name  
in  
Full

Albert Gambrell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Avalon</i> Town			<i>Baltimore</i> County			MARYLAND	
Date of death	<i>1906</i>	Month <i>May</i>	Day <i>17</i>	Age <i>33</i>	Years	Months <i>7</i>	Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>Clerk</i>			Where Residing if not at place of death				
Married, <del>Single</del> <i>Widowed</i>			Name of Wife or Husband <i>Anna Gibson Gambrell</i>				
Father's Name <i>Albert Gambrell</i>			Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Laura Virginia Webb</i>			Mother's Birthplace <i>md</i>				
Name of person giving information <i>Mrs. Albert Gambrell</i>			How related to deceased <i>Wife</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Chr. Interstitial Nephritis</i>	How long	<i>2 or 3 years</i>
Immediate	<i>Uraemia, Coma &amp;c</i>	How long	<i>2 wks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W.R. Eareckson</i>	
		Address <i>Elk Ridge, Md</i>	
Accident or Suicide? <input checked="" type="checkbox"/>			

Henry W. Jenkins House

Greenwood

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Gorane</i> Town		<i>Balto</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>30</i>	Age <i>—</i> Years	Months <i>—</i>	Days <i>56</i>
Sex <i>Male</i>		Color or Race <i>Negro</i>		Birth-place <i>Gorane</i>	
Occupation <i>—</i>		Where Residing If not at place of death <i>—</i>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Aldolphus Garrett</i>		Father's Birthplace <i>Balto Co</i>			
Mother's Maiden Name <i>Ida Johnson</i>		Mother's Birthplace <i>Cash D.C.</i>			
Name of person giving information <i>A Garrett</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Asmatism leish.</i>	How long <i>2 mds.</i>
Immediate <i>Inanition</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Edw Hocking</i>
	Address <i>Gorane Sta 1st</i>
	<i>Bedford Md</i>
Accident or Suicide?	

Adolphus Garrett

Brown Cemetery

Abby H. Emmsley

578 W. Bidwell St

Name  
in  
Full

William F. Lanning

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		State	
Killed at		Stemmer Run		Baltimore		MARYLAND	
Date of death	1906	Month	May	Day	28	Years	30
				Age		Months	3
				Days		25	
Sex	Male		Color or Race	White		Birth-place	
Occupation	Farmer		Where Residing if not at place of death		Stemmer Run		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	John Lanning					Father's Birthplace	MD
Mother's Maiden Name	Barbra Lanning					Mother's Birthplace	MD
Name of person giving information						How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

How long

How long

Accident or Suicide?

accident

Coroner

Chas. M. L.  
James F. Gibson D.D.

10. 11. 1941

4

100

Name  
in  
Full

CERTIFICATE OF DEATH

Andrew J. Geraghty

Town

County

MARYLAND

Died at

Mt Hope Reformatory

Baltimore

Date

Month

Day

Years

Months

Days

of death 1906

May

24

Age 34

unknown unknown

Sex

Male

Color or  
Race

White

Birth-  
place

unknown

Occupation

Saloon Keeper

Where Residing if not  
at place of death

733 Eusey St

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

unknown -

Father's  
Name

unknown

Father's  
Birthplace

unknown

Mother's  
Maiden Name

"

Mother's  
Birthplace

"

Name of person giving  
information

Reeds Mt Hope

How related  
to deceased

not at all

## CAUSES OF DEATH

Primary

Acute Malaria

How long

abt 3 wks

Immediate

Abscess of Brain

How long

abt 30 hrs -

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

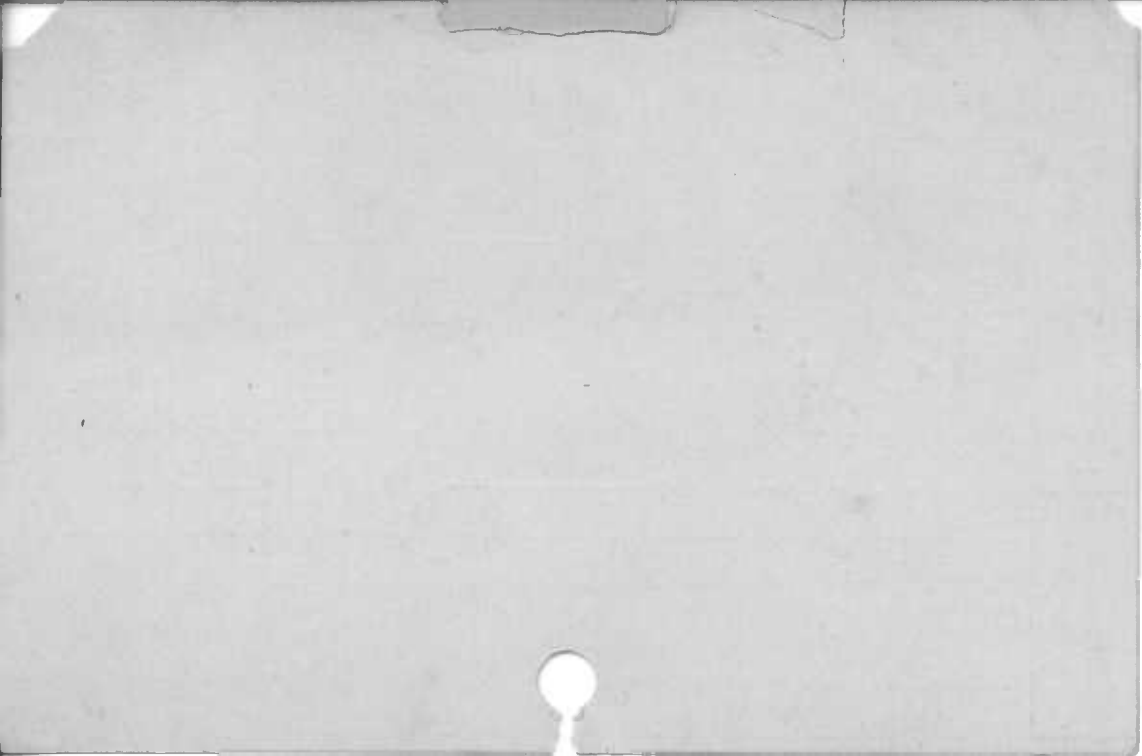
Frank J. Flannery

Address

Mt Hope Reformatory  
Baltimore Md -

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Elizabeth M. Gude</i>		Town <i>Leanton</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Date of death <i>1906</i>		Month <i>May</i>		Day <i>31</i>	
Age <i>64</i>		Years <i>2</i>		Months <i>13</i>		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Larson H. Gude</i>					
Father's Name <i>James Hamilton</i>		Father's Birthplace <i>Baltimore</i>					
Mother's Maiden Name <i>Elizabeth Bliss</i>		Mother's Birthplace <i>Baltimore</i>					
Name of person giving information <i>Larson H. Gude</i>		How related to deceased <i>Husband</i>		<i>42</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Uterine carcinoma</i>		How long <i>1 1/2 yrs</i>	
Immediate <i>Exhaustion - Incontinence</i>		How long <i>1 mo.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. N. Otter</i>	
		Address <i>2 Hudson St</i>	
Accident or Suicide? <i>/</i>			

Mr. Carr  
H. Sander & Sons

Name

Is  
Full

## CERTIFICATE OF DEATH

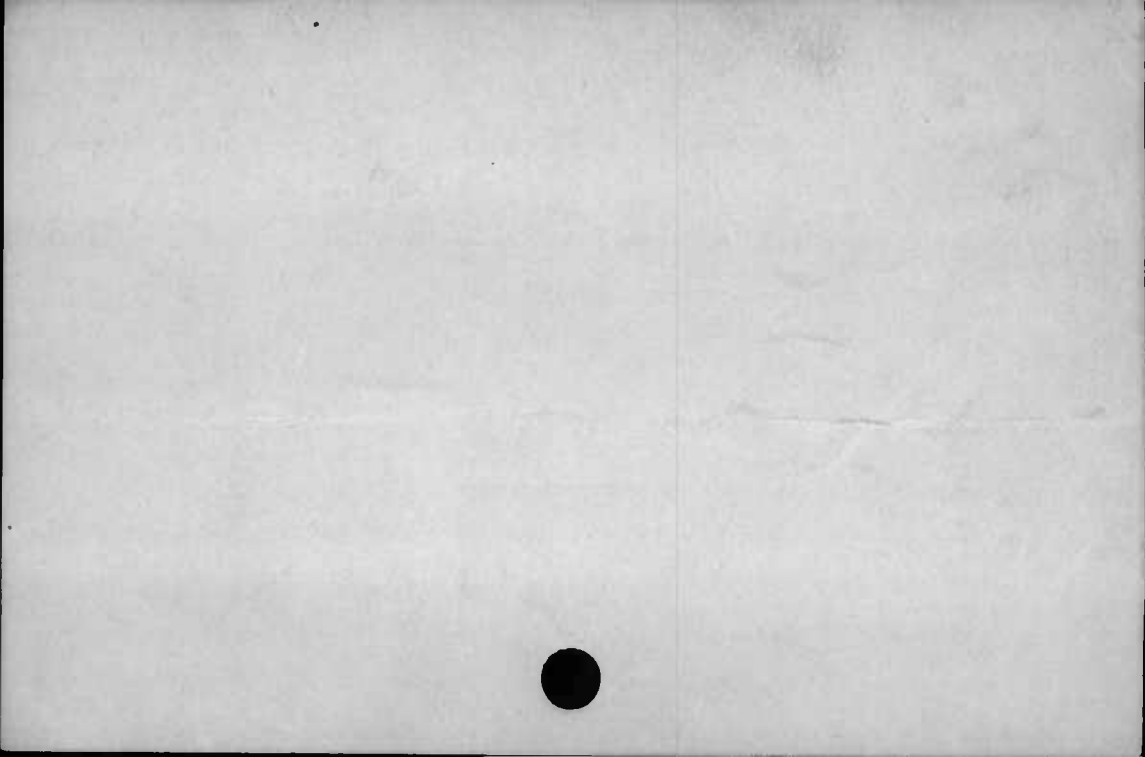
TO BE ANSWERED BY  
NEAREST FRIEND

James A Giles		County		Pract		MARYLAND	
Died at Chase		Town		Pract		County	
Date of death	1906	Month	May	Day	19	Age	79
Sex	Male	Color or Race	col	Birthplace	Ind	Months	
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Widow			Name of Wife or Husband			
Father's Name	James Giles			(19)		Father's Birthplace	Ind
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information	Jane Jones					How related to deceased	Daughter

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Aortic Stenosis		How long	6 mo
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
		Prossville		
Accident or Suicide?		Ind		



Name  
in  
Full

Robert Bolton Glanville

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Roland Park</b> <small>Town</small>		<b>Baltimore</b> <small>County</small>		MARYLAND	
Date of death	<b>1906</b> <small>Month</small>	<b>May</b> <small>Day</small>	<b>18</b> <small>Age</small>	<b>67</b> <small>Years</small>	<b>9</b> <small>Months</small>
<b>Male</b> <small>Sex</small>		<b>White</b> <small>Color or Race</small>		<b>Baltimore</b> <small>Birth-place</small>	
<b>Freight Agent N.C.P.R.</b> <small>Occupation</small>			<b>At home</b> <small>Where Residing if not at place of death</small>		
<b>Married</b> <small>Married Single or Widowed</small>		<b>Joseph F. Joyce Glanville</b> <small>Name of Wife or Husband</small>			
<b>Robt. B. Glanville</b> <small>Father's Name</small>			<b>Kent. Co. Md.</b> <small>Father's Birthplace</small>		
<b>Loathemmi S. Price</b> <small>Mother's Maiden Name</small>			<b>Leart Co. Md.</b> <small>Mother's Birthplace</small>		
<b>Howard P. Glanville</b> <small>Name of person giving information</small>			<b>Son</b> <small>How related to deceased</small>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

<b>Primary</b>	<b>Fall down steps</b>	<b>How long</b>	<b>—</b>
<b>Immediate</b>	<b>Cerebral Injury</b>	<b>How long</b>	<b>3 hours</b>
Are the name, age, sex, color, date and place correctly given above?		<b>Yes</b>	
Signature of Physician		<b>M. Gibson Porter</b>	
Address		<b>Roland Park Md.</b>	
Accident or Suicide?		<b>Accident</b>	

To be buried in  
Fondon Park Cemetery on  
Sunday, May 20<sup>th</sup> 1906, by  
Henry W. Mears <sup>and</sup> Sons,  
Undertakers

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Name  
in  
Full

## CERTIFICATE OF DEATH

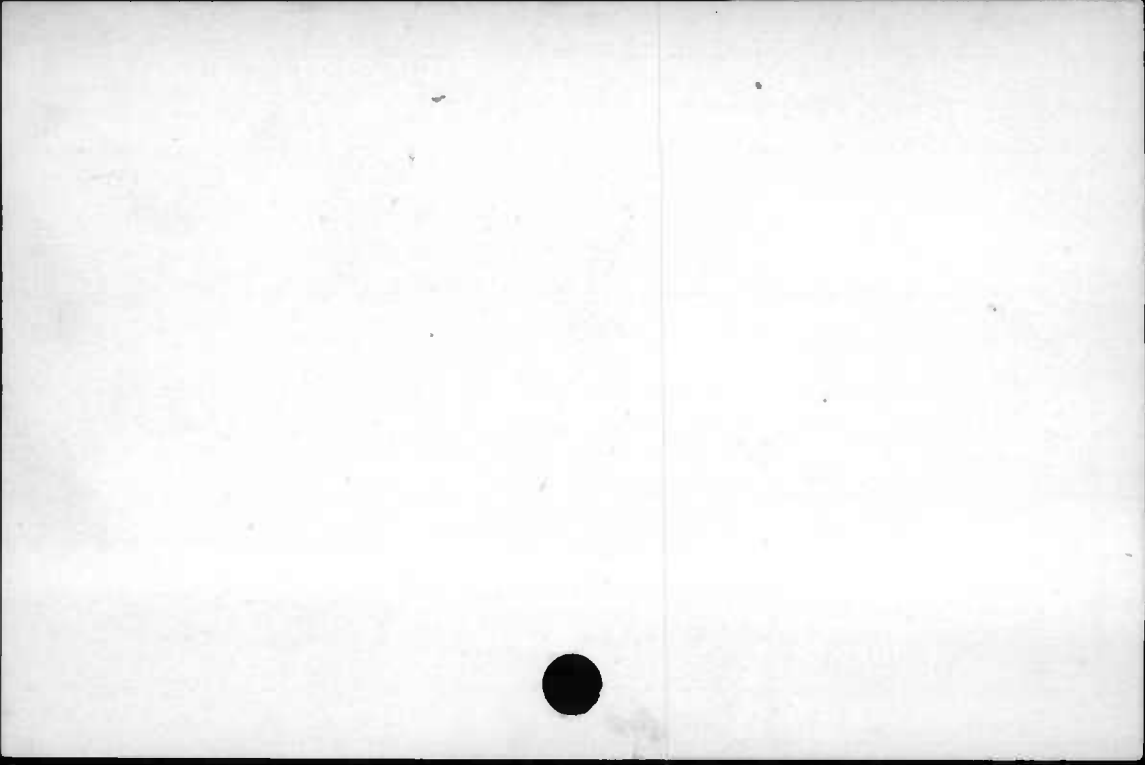
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>George Gohen</i>		Town <i>Peckard</i>		County <i>Bates</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1906 May 13</i>		<i>46</i>		<i>1 20</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>md</i>			
Occupation <i>Labrwr</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Annie Boone</i>					
Father's Name <i>Nathan Gohen</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Anna Gohen</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Jas. Boone</i>		How related to deceased <i>Step son</i>					

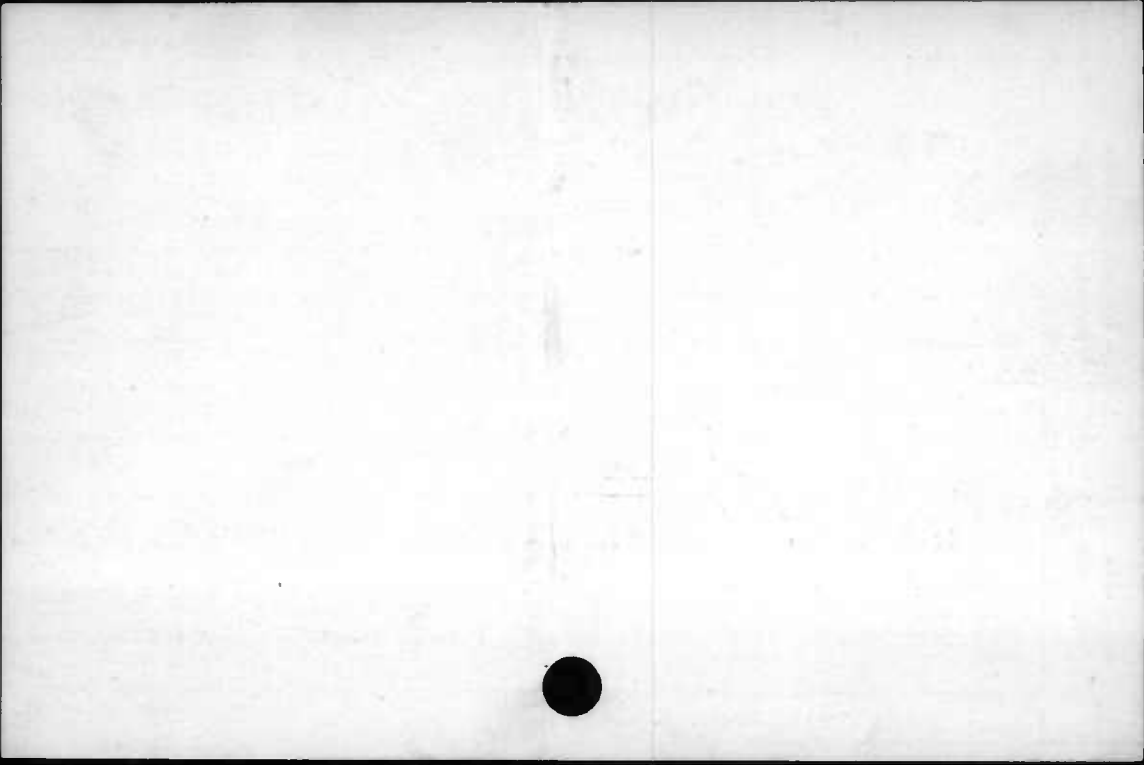
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia (93)</i>	How long <i>one week</i>
Immediate <i>" "</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. F. H. Gorsuch</i>
	Address <i>Fork</i>
Accident or Suicide? <i>No</i>	



Name in Full <b>Olive P. Hackel</b>		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Glen Arm</b> <small>Town</small>		<b>Baltimore</b> <small>County</small>	
	Date of death <b>1906</b> <small>Month</small> <b>May</b> <small>Day</small> <b>29</b>		<b>Age</b> <small>Years</small> <b>6</b> <small>Months</small> <b>14</b> <small>Days</small>	
	Sex <b>Female</b>	Color or Race <b>White</b>	Birth-place <b>Glen Arm Ind</b>	
	Occupation _____		Where Residing if not at place of death _____	
	Married, Single or Widowed _____	Name of Wife or Husband _____		
	Father's Name <b>Frances Hackel</b>	Father's Birthplace <b>Maryland</b>		
	Mother's Maiden Name <b>Olive P. McClure</b>	Mother's Birthplace <b>"</b>		
Name of person giving information <b>Olive P. McClure</b>		How related to deceased <b>Mother</b>		
<b>CAUSES OF DEATH</b>				
PHYSICIAN OR CORONER	Primary <b>Marasmus</b>	<div style="border: 2px solid black; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> 179 </div>	How long <b>6 months</b>	
	Immediate <b>"</b>		How long _____	
	Are the name, age, sex, color, date and place correctly given above? <b>—</b>		Signature of Physician <b>Jno. S. Green</b>	
			Address <b>Hillings</b>	
	Accident or Suicide? _____			



Name  
in  
Full

Annice Rebecca Hall,

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Owings Mills*

Town

*Balto*

County

Date  
of death *1906 May 7*

Month

Day

Age *67*

Years

Months *4*Days *7*Sex *Female*Color or  
Race *Colored*Birth-  
place *Calvert Co., Md.*Occupation *House Wk. Nurse*Where Residing if not  
at place of deathMarried, Single  
or Widowed *Married*Name of Wife or  
Husband *Moses Hall*Father's  
Name *Mr. Wilson*Father's  
Birthplace *Unknown*Mother's  
Maiden Name *James Johnson*Mother's  
Birthplace *Calvert Co.*Name of person giving  
Information *Sarah Frances Collins*How related  
to deceased *Daughter*

## CAUSES OF DEATH

Primary

*(H)*

How long

Immediate

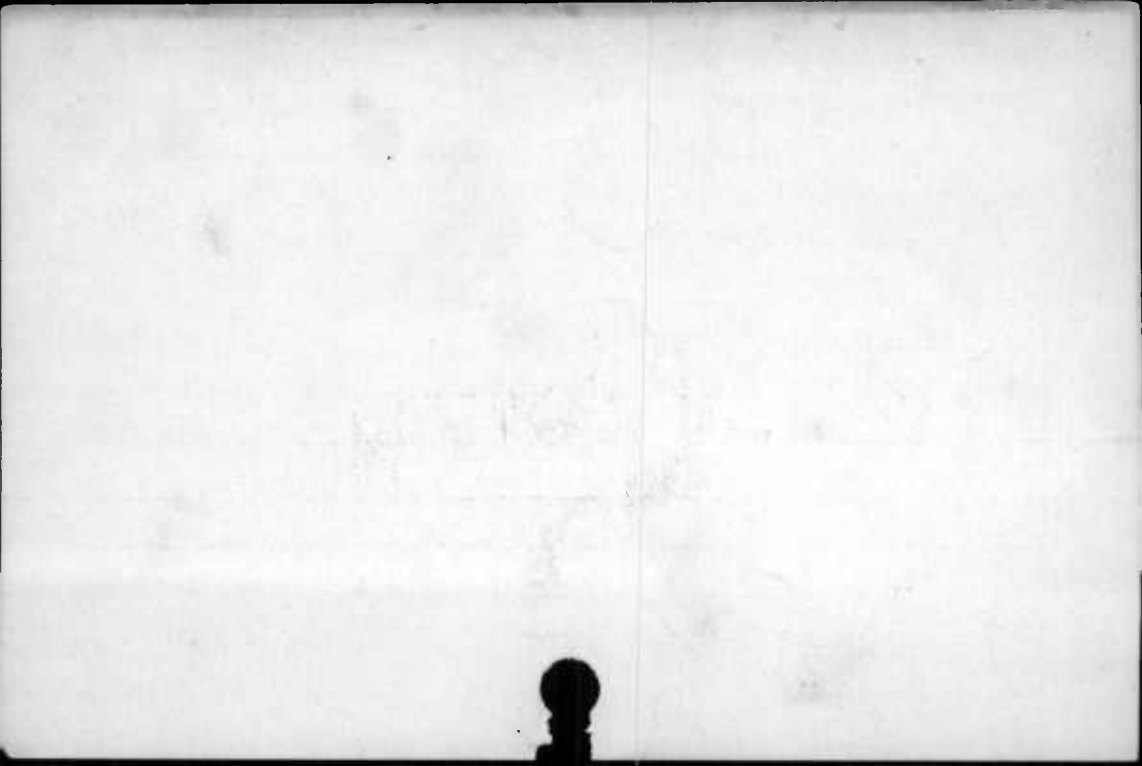
*Cerebral hemorrhage*

How long

*4 days*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*James G. ... M.D.*

Address

*Reisterstown Md.**Filed 1906**Accident or Suicide?*



Name  
in  
Full

## CERTIFICATE OF DEATH

Cora L. Harris

MARYLAND

Died at 7 Roland Heights Dr. Town

County Baltimore

Date of death 1906

Month May

Day 7

Age

Years 45

Months 9

Days 15

Sex Female

Color or Race

White

Birth-place

Va.

Occupation Housewife

Where Residing if not at place of death

Married, Single or Widowed

Married

Name of Wife or Husband

Father's Name

Andrew J. Perkins

Father's Birthplace

Va.

Mother's Maiden Name

Ann J. Gunster

Mother's Birthplace

Va.

Name of person giving information

Mellie Harris

How related to deceased

## CAUSES OF DEATH

Primary

Lobar pneumonia

How long

6 days

Immediate

Typhoid fever

How long

10 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

S. W. Grant

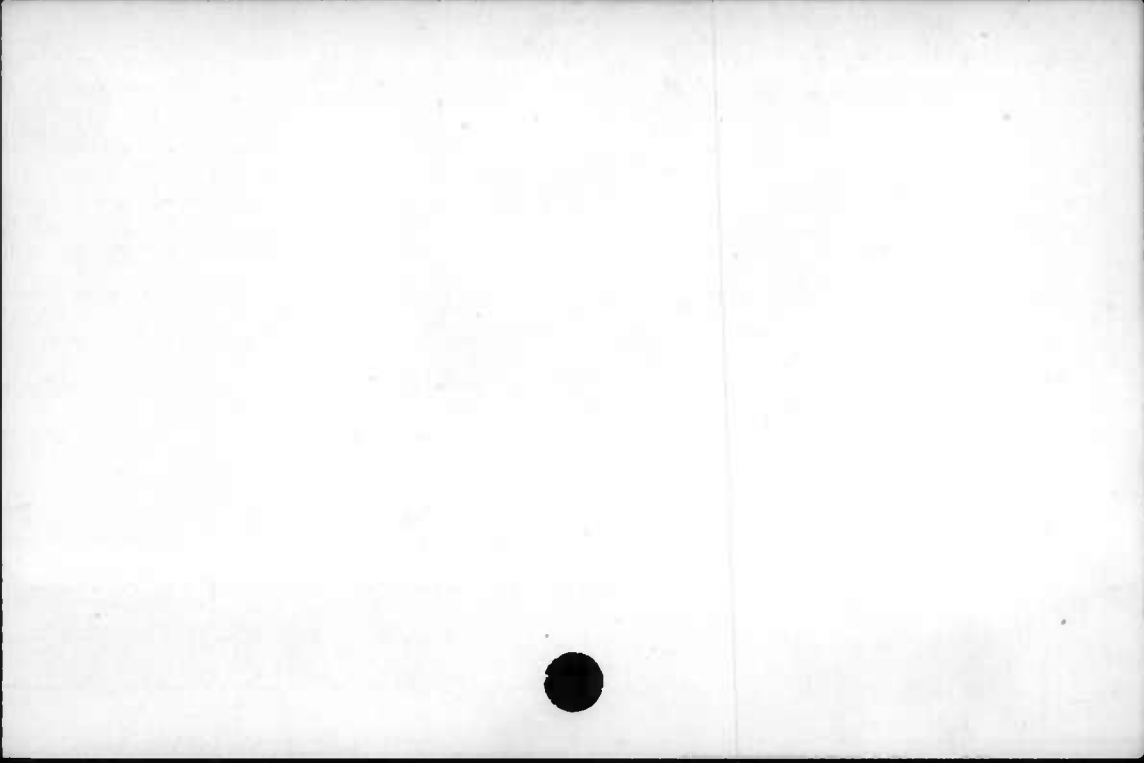
Address

765 Md. Ave.

Accident or Suicide?

Cepid from Baltimore City Health by MCR

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Mary Ann Garrison

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

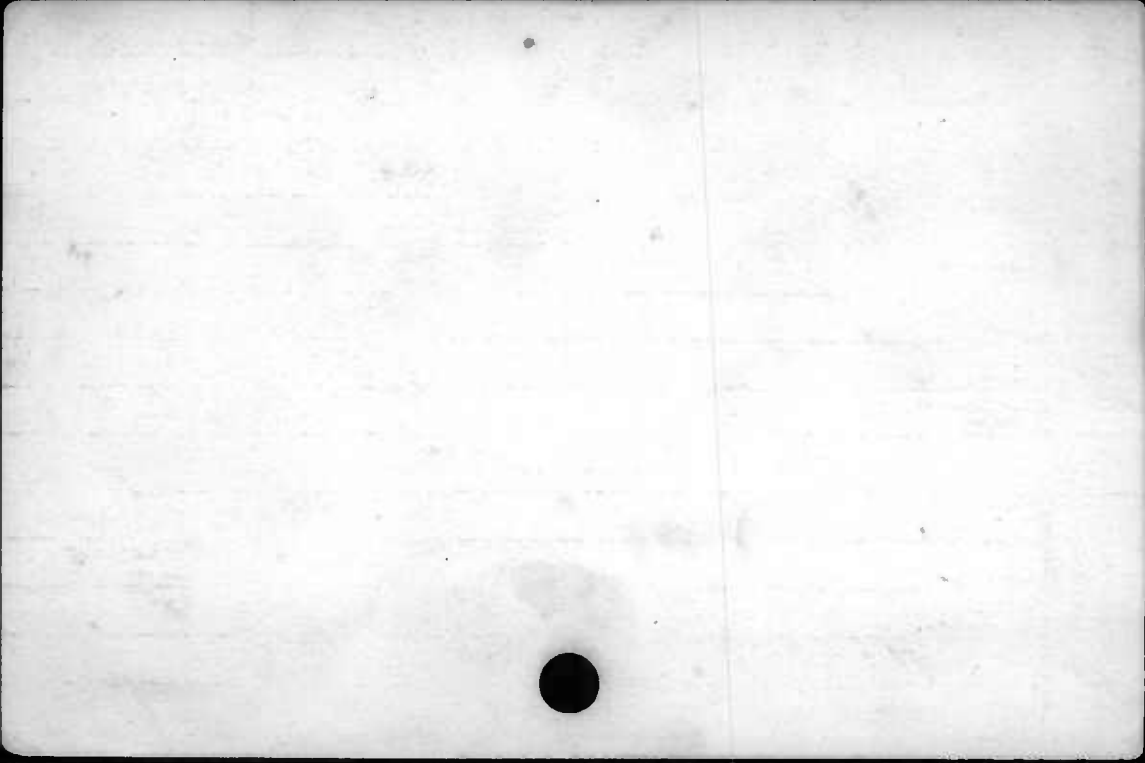
MARYLAND

Died at		Town Chestonville		County Baltimore	
Date of death	1906	Month May	Day 3	Age Years 60	Months Days
Sex Female	Color or Race White		Birth-place Baltimore		
Occupation 1		Where Residing if not at place of death Chestonville			
Married, Single or Widowed		Name of Wife or Husband William Henry Garrison			
Father's Name Thos. Williams		Father's Birthplace England			
Mother's Maiden Name Nancy Ford		Mother's Birthplace Maryland			
Name of person giving In formation Mary L Murray		How related to deceased Daughter			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Carcinoma (45)	How long	about 1 year
Immediate	General Atheroma	How long	-
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician D. W. Stultz M.D.	
		Address	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

Alfred S. Hibden

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		May	14	37		9	3
Sex	male	Color or Race	white	Birth-place	Baltimore		
Occupation	Traveling Salesman			Where Residing if not at place of death			
Married, Single or Widowed	married			Name of Wife or Husband			
Estelle Hibden							
Father's Name	William H. Hibden				Father's Birthplace		
Baltimore, Md.							
Mother's Maiden Name	Sarah Hopkins				Mother's Birthplace		
Baltimore, Md.							
Name of person giving information	B. M. Hibden				How related to deceased		
brother.							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Double pneumonia	How long	11 days
Immediate	asthma.	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	William Ford
		Address	W Washington Md
Accident or Suicide?			

Funeral Director  
W J Schaeffer  
8 S Front St  
Balto, Md  
Greenmount Cemetery  
City

Name  
in  
Full

Lillian Heiger

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hughlandtown</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death	<i>190</i> <sup>Month</sup> <i>May</i> <sup>Day</sup> <i>28</i>	Age	<i>—</i> <sup>Years</sup>	<i>1</i> <sup>Months</sup>	<i>2</i> <sup>Days</sup>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Md.</i>
Occupation	<i>None</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>John Heiger</i>			Father's Birthplace	<i>Md</i>
Mother's Maiden Name	<i>Lara Gluschnan</i>			Mother's Birthplace	<i>Md</i>
Name of person giving information	<i>John Heiger</i>			How related to deceased	<i>Father</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Marasmus, Starvation</i>	How long	<i>One month</i>
Immediate	<i>Exhaustion</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Gas. L. D. Moxley</i>
	<i>110</i>	Address	<i>3 and 400 Bright at Moxley</i>
Accident or Suicide?			

Sacred Heart Cemetery

May 29<sup>th</sup> 1906

Germanus France

Indulgence

Name  
in  
Full

Mary. Elizabeth Herder

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Reisterstown

Baltimore

MARYLAND

Date

1906

Month

May

Day

26

Age

Years

1

Months

10

Days

17

Sex

Female

Color or  
Race

White

Birth-  
place

Reisterstown

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Chas. H. Herder

Father's  
Birthplace

Baltimore

Mother's  
Maiden Name

Monika. C. Mink

Mother's  
Birthplace

Baltimore

Name of person giving  
Information

Chas. H. Herder

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

61

How long

Immediate

Cerebro-Spinal Meningitis

How long

26 hours

Are the name, age, sex, color, date  
and place correctly given above?

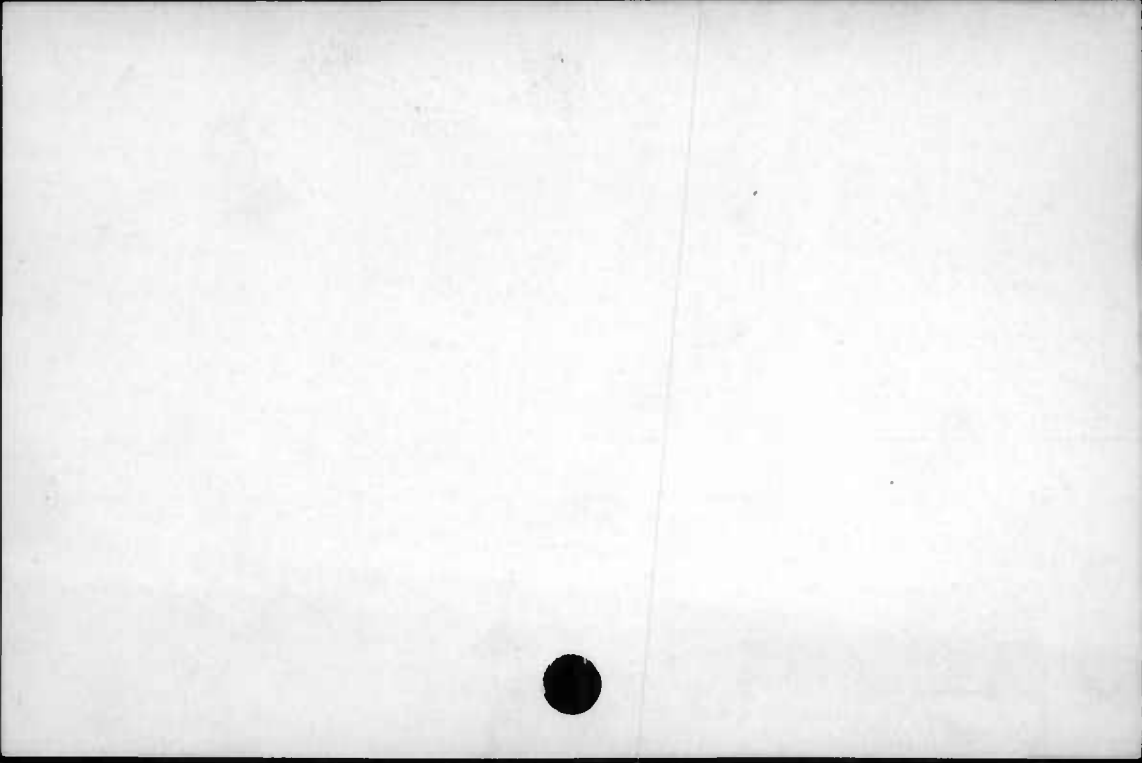
Yes

Signature of  
Physician

Address

James G. Sore M.D.  
Reisterstown  
Md.

Accident or Suicide?



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pella</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	<i>1906</i>	Month <i>May</i>	Day <i>23</i>	Age <i>56</i>	Months <i>6</i> Days <i>5</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation <i>Porter</i>			Where Residing If not at place of death		
Married, <del>Single</del> or Widowed		Name of Wife or Husband <i>Un known</i>			
Father's Name <i>Un known</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Un known</i>		Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Daughter</i>		<div style="border: 1px solid black; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <div style="font-size: 2em; font-weight: bold;">27</div> </div>		How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>5 yrs</i>
Immediate <i>Cachexia Asthenia Pulmonary</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Miller M.D.</i>
	Address <i>Albion, Mo.</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Lucretia Hiersley  
 Died at Balto <sup>Town</sup>, Co. Annapolis <sup>County</sup>

## CERTIFICATE OF DEATH

MARYLAND

Date of death 1996 Month 5 Day 10 Age 68 Years Months Days

Sex Female Color or Race White Birth-place

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving Information How related to deceased

## CAUSES OF DEATH

Primary How long

Immediate Lobar Pneumonia How long 8 days

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Thos. C. Bussey M.D.

Address Texas Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

This body to be buried by  
me on the premises

Wm. E. E. E. E.

Supt.

Name in Full

Certificate of Death

Barbara Ellen Stigg

Died at

Guthrie Baltimore

MARYLAND

Date 1906

May 8 48 - -

Native of

Occupation

Amuse

Male  
FemaleWhite  
ColoredMarried  
SingleWidow  
Widower

Divorced

Number of children living 8

Husband  
of  
WifeFather's  
Name

Mother's

Maiden Name

27

Cause of

Primary

Pulmonary Tuberculosis

How long sick

9 weeks

Deeth

Immediate

Cardiac Pathosis + Pulmonary Edema

Accident, Suicide, Homicide

Reported by

Frank O. Miller M.D.

Address

Alberton, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70800

Stanley, Conn  
Va -

Name  
in  
Full

Leo. Hoehn

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highlandtown</i> <small>Town</small>		<i>Balto.</i> <small>County</small>		MARYLAND	
Date of death	<i>1906</i> <small>Month</small>	<i>May</i> <small>Day</small>	<i>31</i> <small>Day</small>	<i>4</i> <small>Months</small>	<i>5</i> <small>Days</small>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Balto Co.</i>
Occupation	<i>—</i>		Where Residing If not at place of death <i>—</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>Andrew. Hoehn.</i>			Father's Birthplace	<i>Balto Co.</i>
Mother's Maiden Name	<i>Elizabeth Ruppel</i>			Mother's Birthplace	<i>Balto Md.</i>
Name of person giving information	<i>Andrew Hoehn</i>			How related to deceased	<i>Father.</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>3 mos.</i>
Immediate	<i>Ischemia</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>G. C. Friend M.D.</i>
		Address	<i>1135 Highland Ave.</i>
Accident or Suicide?	<i>—</i>		

Sacred Heart Cemetery

June 2<sup>nd</sup> 1906

Germanus France



Name  
In Full

Margaret Lavinia Hood

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *St Denis* Town *Proctor* County  
 Date of death *1906 May 5<sup>th</sup>* Month *May* Day *5<sup>th</sup>* Age *2* Years *2* Months *11* Days  
 Sex *Female* Color or Race *White* Birth-place *St Denis Ind*  
 Occupation *none* Where Residing if not at place of death *same*

Married, Single or Widowed

Name of Wife or Husband

Father's Name

*Chas Edgar Hood*

Father's Birthplace

*Maryland*

Mother's Maiden Name

*Florence ~~Hood~~ Crouper*

Mother's Birthplace

*Maryland*

Name of person giving information

*Florence Hood*

How related to deceased

*Mother*

## CAUSES OF DEATH

*(194)*PHYSICIAN  
OR CORONER

Primary

*Acute indigestion & convulsions*

How long

*6 hours*

Immediate

*same**" "*

How long

*" "*

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

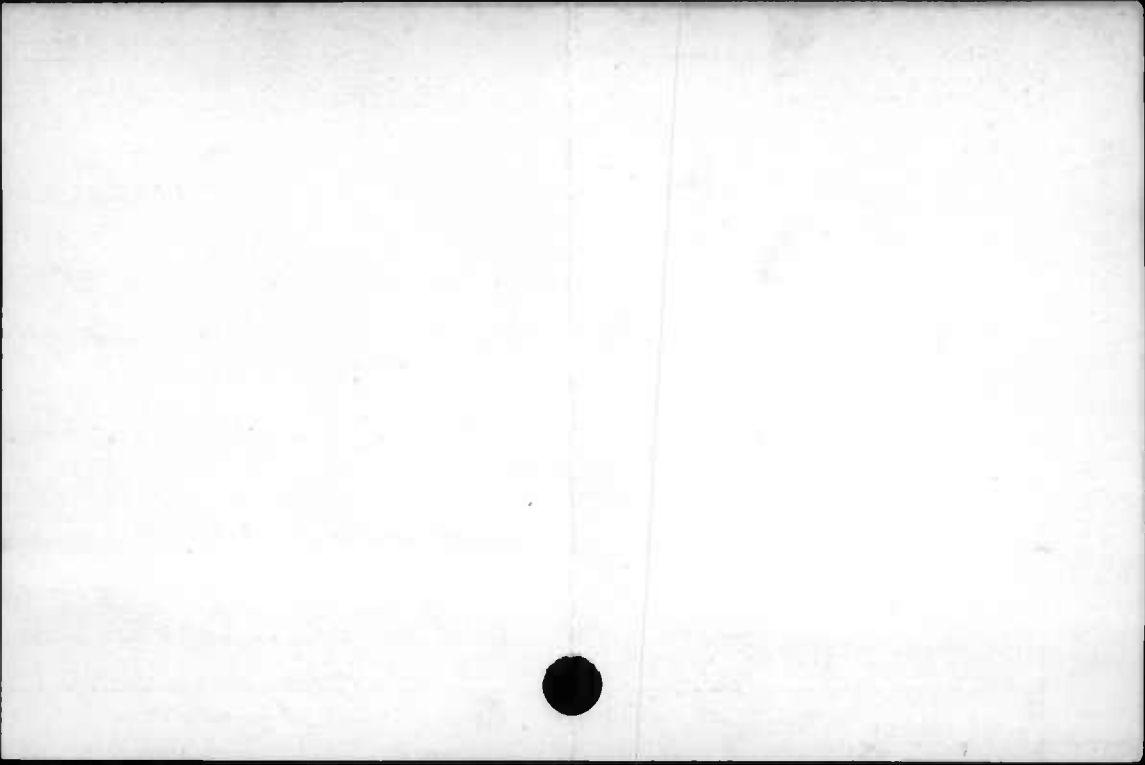
*Arthur Williams*

Address

*Elk Ridge Howard*  
*Ind*

Accident or Suicide?

*no*



Name  
in  
Full

Thomas O. Horn.

## CERTIFICATE OF DEATH

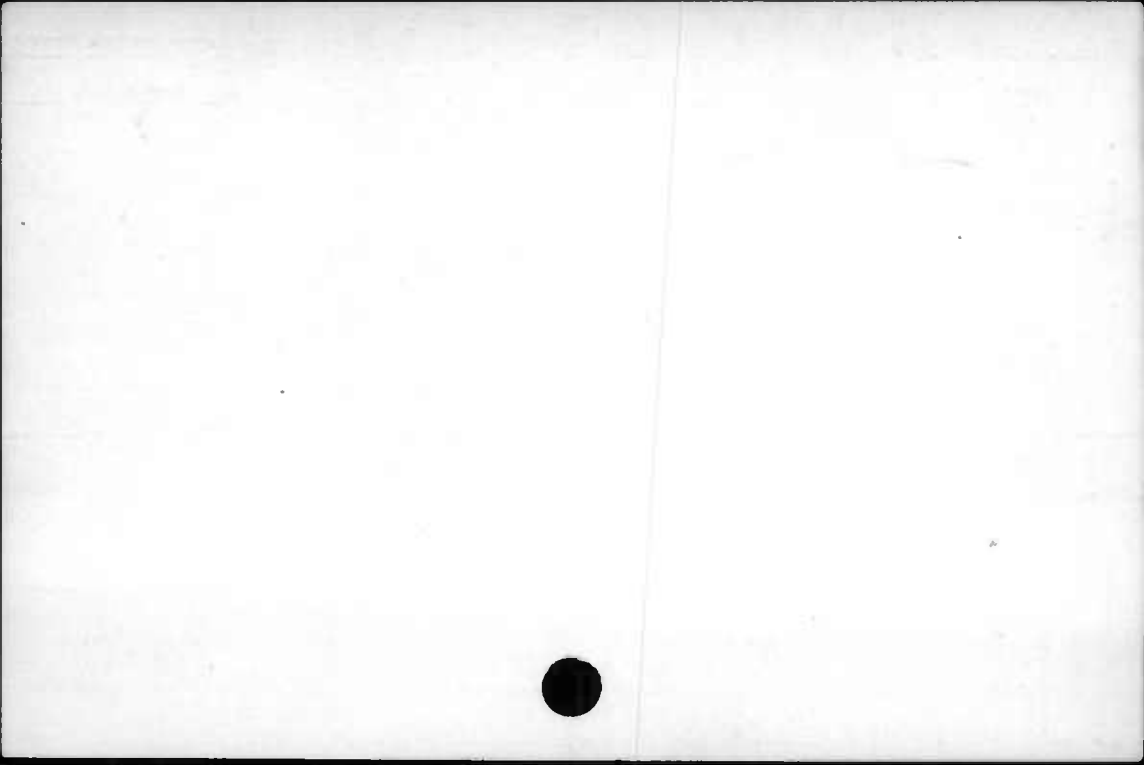
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Harrisonville</i> <sup>Town</sup>		<i>Balto.</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	<i>May</i> <sup>Month</sup>	<i>14</i> <sup>Day</sup>	Age <i>38</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Labourer</i>			Where Residing if not at place of death <i>Place of death</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Annice V. Horn</i>				
Father's Name <i>Nathan Horn</i>	<i>(165)</i>		Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>—</i>	<i>(165)</i>		Mother's Birthplace <i>—</i>		
Name of person giving information <i>Geo. E. Dill</i>			How related to deceased <i>Brother-in-law</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Accident</i>	<i>(166)</i>	How long <i>—</i>
Immediate <i>Distorted Vertebra</i>		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. W. Ward, M.D.</i>	
	Address <i>Harrisonville</i>	
Accident or Suicide? <i>Accident</i>	<i>Md.</i>	



Name  
in  
Full

Hathorne Hubner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> *Calonsville*<sup>County</sup> *Ballo*Date of death <sup>Month</sup> *May* <sup>Day</sup> *20* <sup>Year</sup> *1906*Age *—* <sup>Months</sup> *—* <sup>Days</sup> *22*Sex *Female*Color or Race *White*Birth-place *Maryland*

Occupation

Where Residing If not at place of death *Calonsville*Married, Single or *Widowed*

Name of Wife or Husband

Father's Name *William R Hubner*

(150)

Father's Birthplace *Maryland*Mother's Maiden Name *Maria L Schumacher*Mother's Birthplace *Maryland*Name of person giving information *William Hubner*How related to deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary *Cyanosis neonatorum*How long *Since birth*Immediate *Convulsion*

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

*Phas Macpail*

Address

*Calonsville*

Accident or Suicide?

22



William Thomas Jenkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Middle River</i>		<sup>County</sup> <i>Baltimore</i>		MARYLAND	
Date of death 1906	<sup>Month</sup> <i>May</i>	<sup>Day</sup> <i>1</i>	Age <sup>Years</sup> <i>62</i>	<sup>Months</sup> <i>✓</i>	<sup>Days</sup> <i>✓</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Ind</i>			
Married, Single or Widowed <i>married</i>	Occupation <i>farmer</i>				
Name of Wife or Husband <i>Eatherine Jenkins</i>					
Father's Name <i>John T. Jenkins</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Louisa Ann</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>William E. Jenkins</i>			How related to deceased <i>son</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bronchitis</i>	How long <i>2 or 3 months</i>
Immediate <i>Aschemia</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John W. Harrison</i>
<i>W</i>	Address <i>Middle River Ind</i>
Accident or Suicide?	



Name  
in  
Full

Ellen Asheton Jessop

## CERTIFICATE OF DEATH

Died at *Ashland*

Town

*Balto*

County

MARYLAND

Date  
of death *1904*

Month

*May*

Day

*6*

Age

Years

*84*

Months

*6*

Days

*12*

Sex

*Female*Color or  
Race*white. American*Birth  
place*Belair Hospital*

Occupation

*Housewife*Where Residing if not  
at place of deathMarried, Single  
or WidowedName of ~~Wife~~  
Husband*George Jessop*Father's  
Name*Joseph Asheton*Father's  
Birthplace*Belair Hospital*Mother's  
Maiden Name*Harrook Street*Mother's  
Birthplace*Belair*Name of person giving  
information*Mrs Lizzie Palysen*How related  
to deceased*Daughter*

## CAUSES OF DEATH

Primary

*Arterio Sclerosis*

How long

*2 Years*

Immediate

*Paralysis (apoplexy)*

How long

*8 days*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*W. B. P. Benson*

Address

*Backersville Md.*

Accident or Suicide?

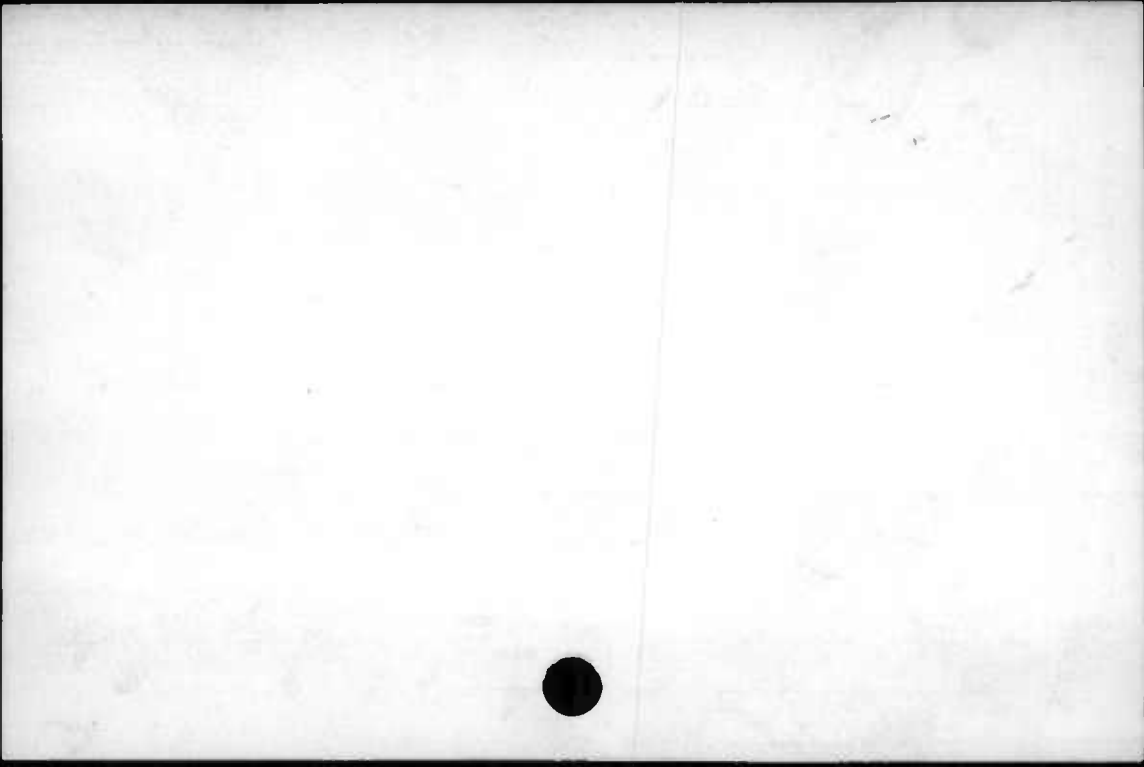
TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Interments at Sherwood  
Cemetery Cockeyville  
Pa. to Ind

Please return permits

W. C. Brooks

Name in Full		Child not Elizabeth Johnson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Cotonsville Balto		MARYLAND	
		Date of death 1906		Month May		Day 31	
		Sex Female		Color or Race Colored		Birth-place Cotonsville Ind	
		Occupation		Where Residing if not at place of death		Cotonsville	
		Married, Single or Widowed		Name of Wife or Husband			
		Father's Name		Unknown		Father's Birthplace	
Mother's Maiden Name		Elizabeth Johnson		Mother's Birthplace		Cutchellville Ind	
Name of person giving information		Calvin S Johnson		How related to deceased		Uncle	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		Premature birth		How long	
		Immediate		General Asthenia		How long	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		D. H. Stutz, M.D.	
				Address		Cotonsville Ind.	
		Accident or Suicide?					



Name  
in  
Full

Katharine Johnson

## CERTIFICATE OF DEATH

Town

County

Died at

Granary

Baltimore

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1906

May

1

Age

about 70

Sex

female

Color or  
Race

Black

Birth-  
place

D.K.

Occupation

none

Where Residing if not  
at place of death

Same

Married, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

D.K.

Father's  
Birthplace

D.K.

Mother's  
Maiden Name

D.K.

Mother's  
Birthplace

D.K.

Name of person giving  
In formation

Mother's Address

How related  
to deceased

none

## CAUSES OF DEATH

Primary

Intestinal Obstruction

How long

5 days &amp;

Immediate

Convulsions &amp; Coma

How long

few hours

Are the name, age, sex, color, date  
and place correctly given above?

yes

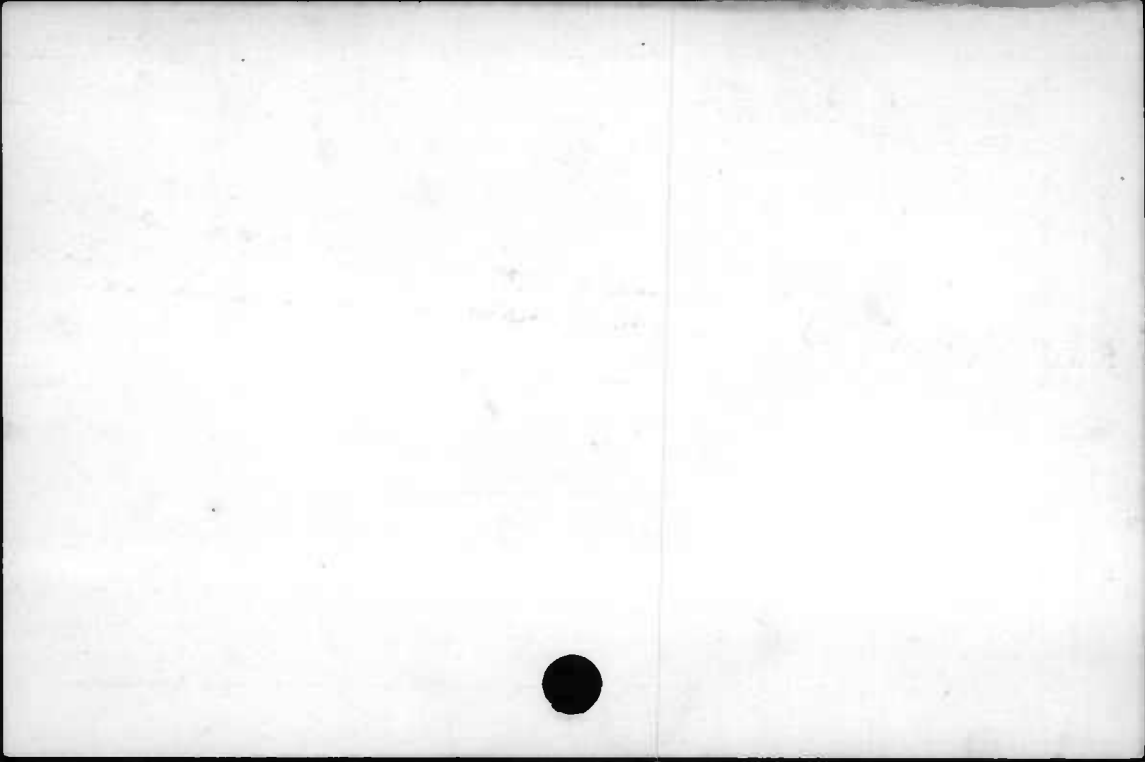
Signature of  
Physician

Address

H. P. Shipley and  
Granary and

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Samuel Lurman Jones

## CERTIFICATE OF DEATH

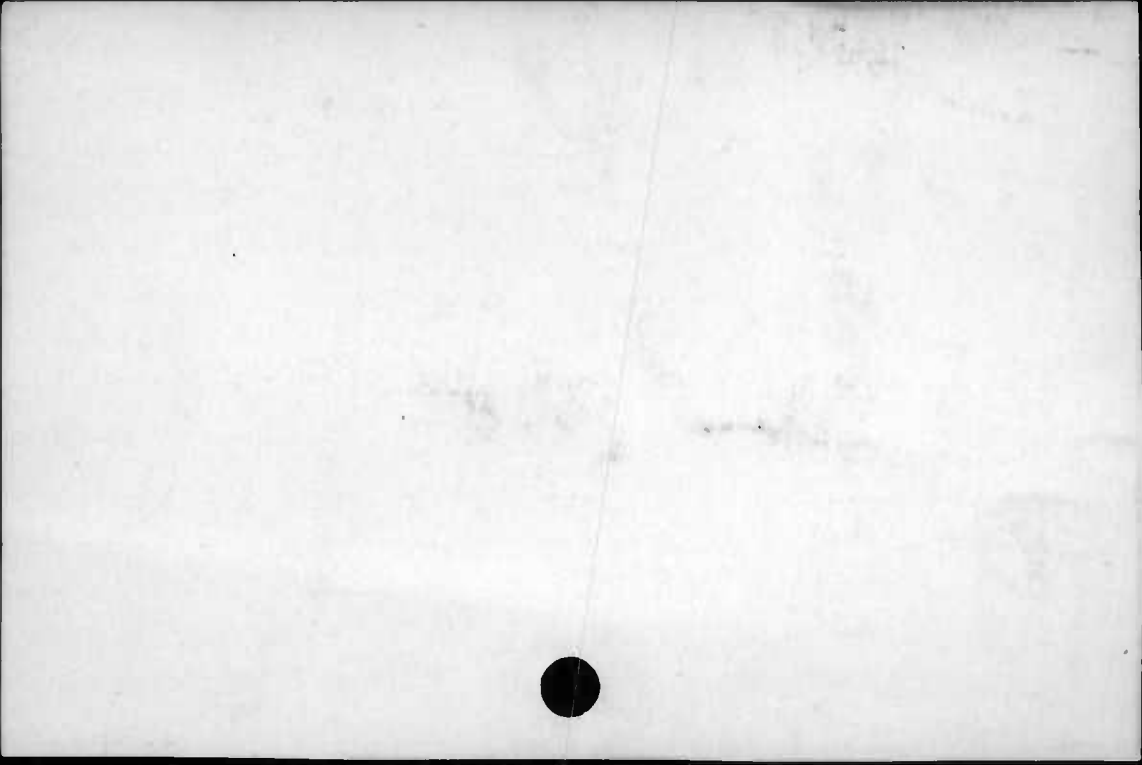
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Worthington Valley</i> <sup>County</sup> <i>Baltimore Co</i>		MARYLAND			
Date of death <i>1906</i>	<sup>Month</sup> <i>May</i>	<sup>Day</sup> <i>26</i>	<sup>Years</sup> <i>—</i>	<sup>Months</sup> <i>5</i>	<sup>Days</sup> <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Baltimore</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Infant</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Amos Jones</i>			Father's Birthplace <i>Virginia</i>		
Mother's Maiden Name <i>Grace Neal</i>			Mother's Birthplace <i>Baltimore Co</i>		
Name of person giving information <i>Grace Neal</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Gastritis</i>	<i>104</i>	How long <i>Our Day</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. M. Seader</i>	
	Address <i>Reisterstown</i>	
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

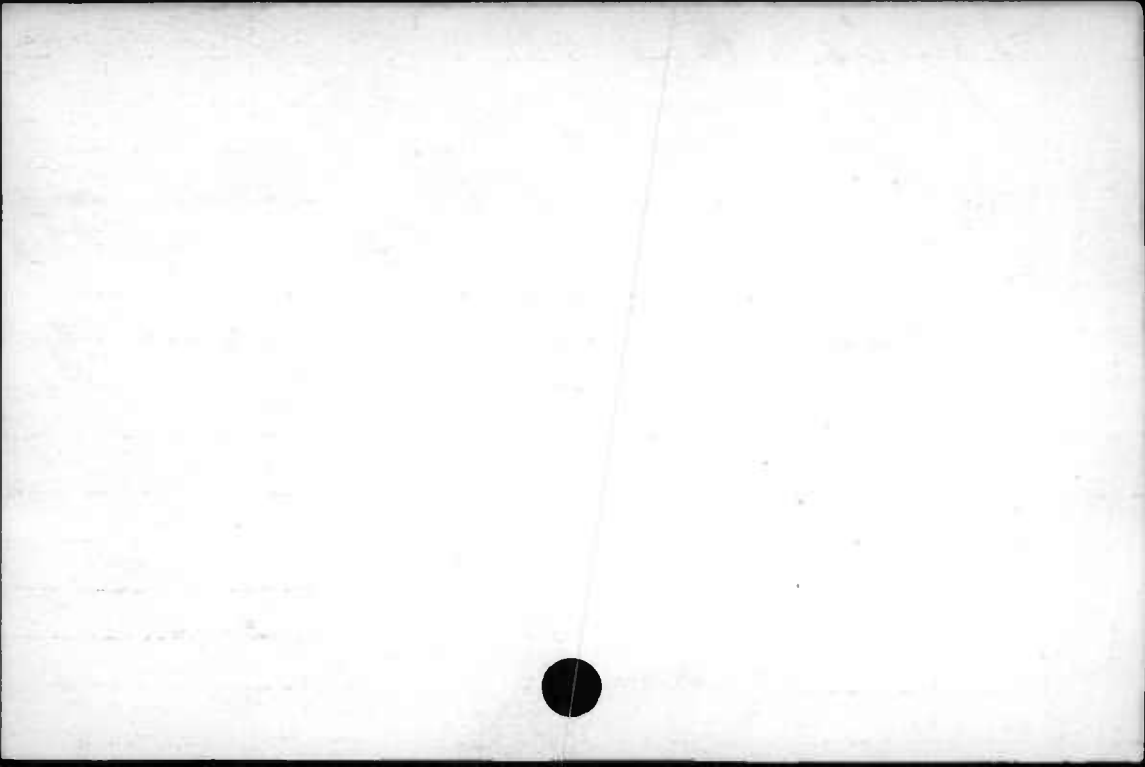
MARYLAND

Died at		Town		County	
Date of death		Month	Day	Years	Months
Sex		Color or Race		Birthplace	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Accident or Suicide?	Address



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Phillip Kasper

Died at Odonnell St expanded Town Balto County County MARYLAND

Date of death 190 May 31 Month Day Age 6 Years Months Days

Sex Male Color or White Birth-place Balto County

Occupation \_\_\_\_\_ Where Residing if not at place of death Odonnell St expanded

~~Married~~, Single \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name August Kasper Father's Birthplace Balto City

Mother's Maiden Name Barbara Kern Mother's Birthplace Pennsylvania

Name of person giving information August Kasper How related to deceased Farther

## CAUSES OF DEATH

Primary Natural Cause How long 179

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

PHYSICIAN  
OR CORONER  
P. A. Dunnigan J. P.



Name  
in  
Full

Margaret Kelly

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Mt Hope Retreat <sup>County</sup> Balto

MARYLAND

Date of death 1906 <sup>Month</sup> May <sup>Day</sup> 15 <sup>Age</sup> 73 <sup>Years</sup> <sup>Months</sup> unknown <sup>Days</sup> unknownSex Female <sup>Color or Race</sup> White <sup>Birth place</sup> Ireland -Occupation None <sup>Where Residing if not at place of death</sup> 1445 E. Monument StMarried, Single or Widowed Widow <sup>Name of Wife or Husband</sup> unknown Balto Md -Father's Name unknown <sup>Father's Birthplace</sup> unknownMother's Maiden Name 11 <sup>Mother's Birthplace</sup> 11Name of person giving information Reeds Mt Hope <sup>How related to deceased</sup> Not at all -

## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary Mania Senile <sup>How long</sup> over 2 yrs -

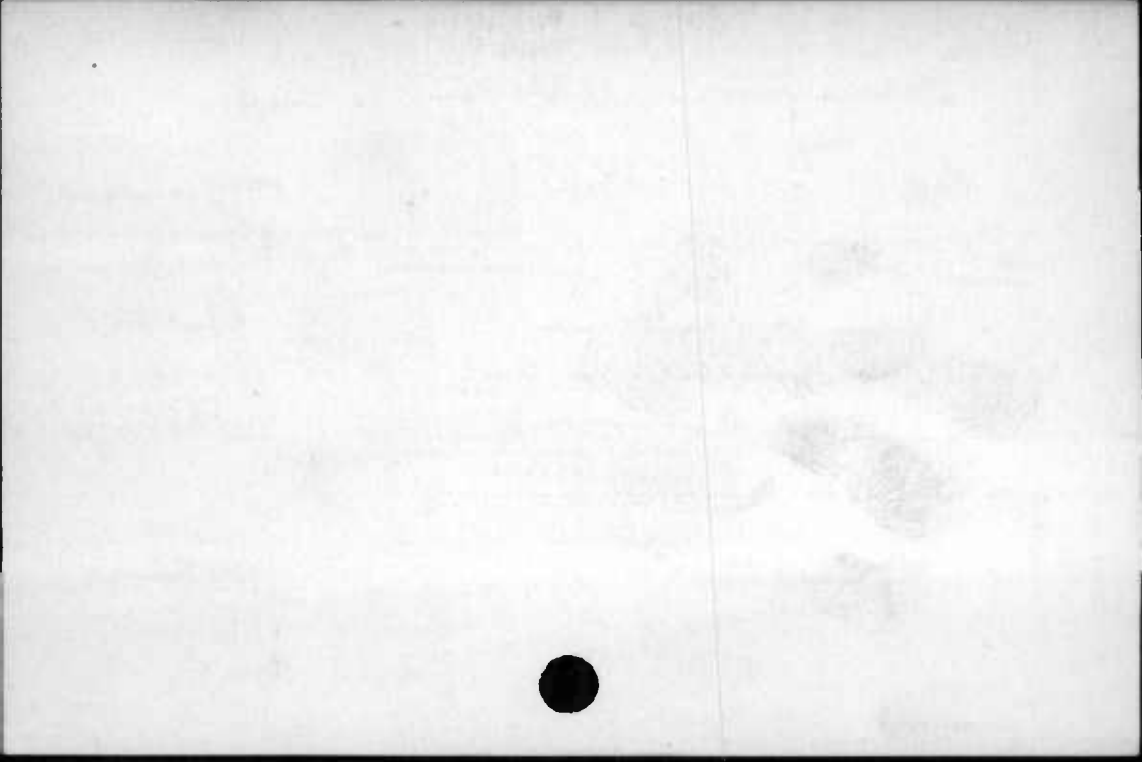
Immediate Ex &amp; Shock following fracture of hip 2 wks -

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Frank J. Flannery M.D.

Address Mt Hope Retreat Balto, Md -

Accident or Suicide



Name in Full		John Michael Kimball				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Gorans town		County Baltimore		MARYLAND
	Date of death	1906	Month May	Day 3	Years 15	Months	Days
	Sex	male		Color or Race	white		Birth-place Maryland
	Occupation	Apprentice			Where Residing if not at place of death Gorans town		
	Married, Single or Widowed	Name of Wife or Husband					
	Father's Name	James O. Kimball				Father's Birthplace	Balto Co.
	Mother's Maiden Name	Julia Clandy Kimball				Mother's Birthplace	Harford Co.
Name of person giving information	Jos. O. Kimball				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Pneumonia				How long	10 days
	Immediate	Exhaustion				How long	24 hours
	Are the name, age, sex, color, date and place correctly given above?				Yes		
	Signature of Physician				E. M. Duncan		
	Address				Gorans town		
Accident or Suicide?							

Cathedral,

H. C. W. Wedgfeld

914 Greenwood.

Name  
in  
Full

Hiram W. Kimble

## CERTIFICATE OF DEATH

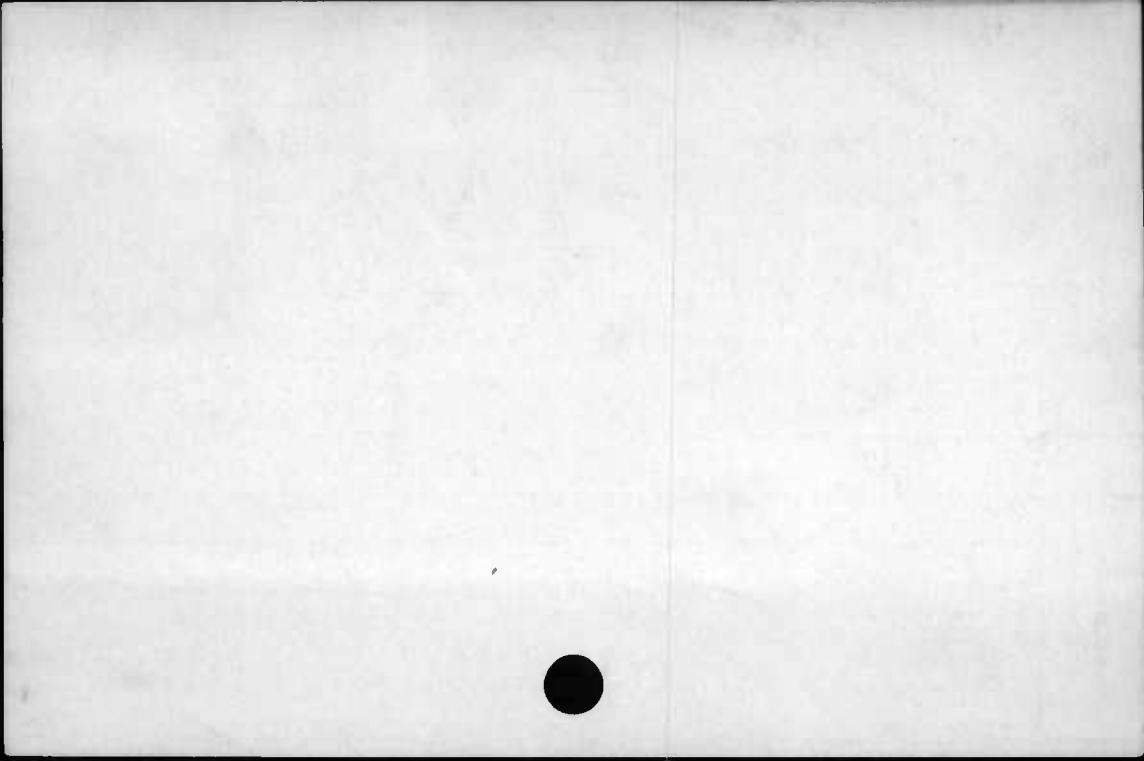
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Orangeville		County Balto.		MARYLAND	
Date of death	1906	Month May	Day 1	Age	Years 33	Months 6	Days 20
Sex	male		Color or Race	white		Birth- place	Balto.
Occupation	Farmer			Where Residing If not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband Maria Kimble				
Father's Name	David Kimble					Father's Birthplace	Perm.
Mother's Maiden Name	Not Known					Mother's Birthplace	—
Name of person giving In formation	Maria Kimble					How related to deceased	wife.

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Consumption of the lungs		How long	4 Wk
Immediate	" " "		How long	"
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Address 1218 First St	
Accident or Suicide?				



Name  
in  
Full

Hellen R. King

## CERTIFICATE OF DEATH

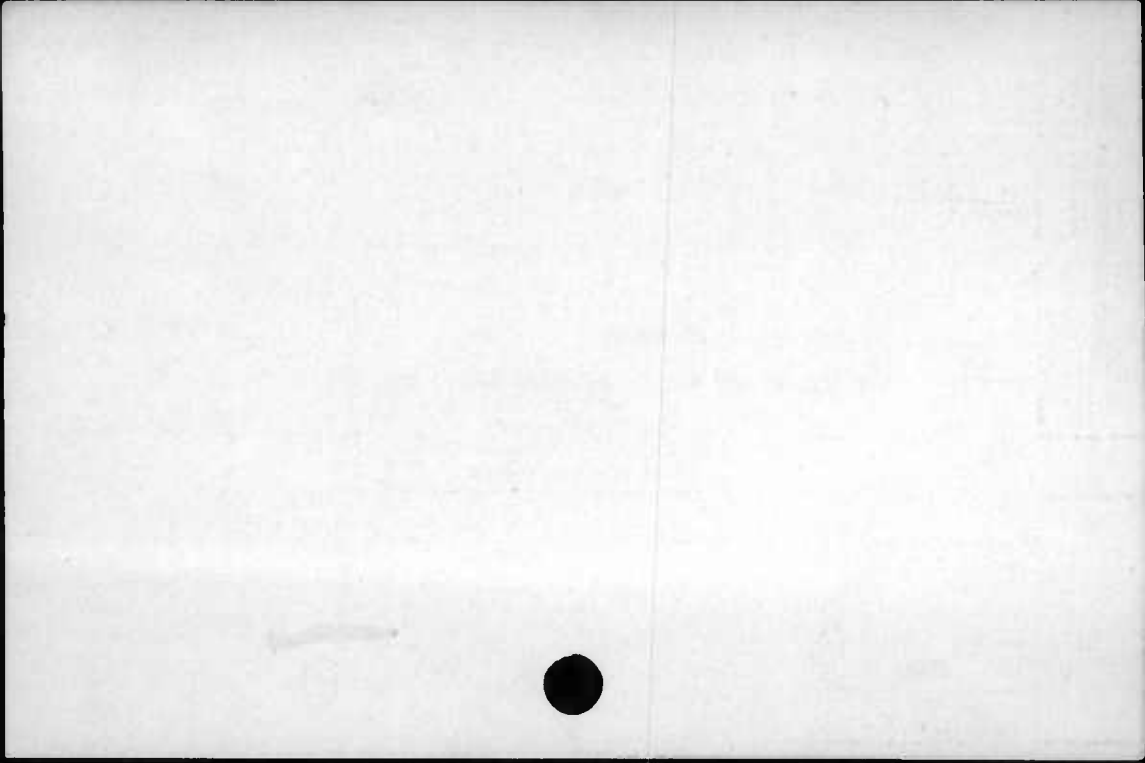
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Pleasant Hills		County Balto		MARYLAND	
Date of death	1906	Month May	Day 26	Age 4	Years	Months	Days
Sex	Female		Color or Race	white		Birth- place	Balto Co Md
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	S. V. King					Father's Birthplace	Balto Co Md
Mother's Maiden Name	Minerva Nelson					Mother's Birthplace	" " "
Name of person giving Information	S. V. King					How related to deceased	Father

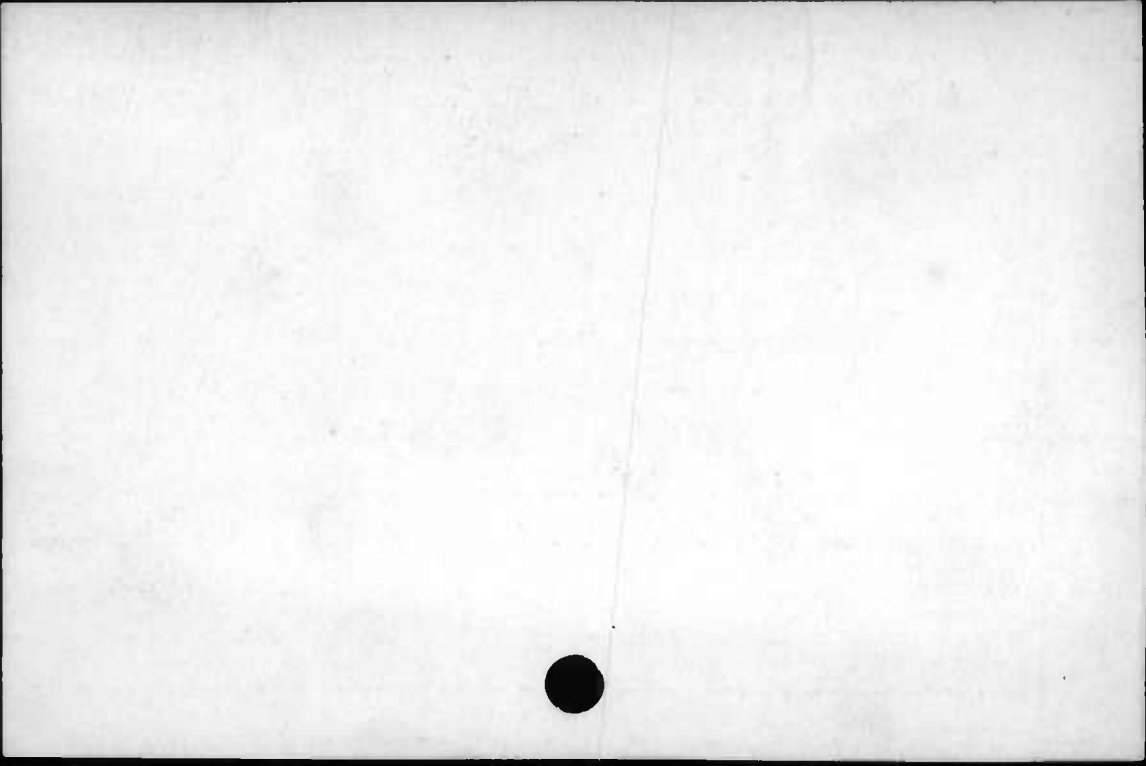
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pertussis	How long	Four months
Immediate	Pneumonia and Endocarditis	How long	Eight days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	James Gore
		Address	Reisterstown Md.
Accident or Suicide?			



Name in Full		Tcwn				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Westport		Baltimore		MARYLAND				
	Date of death 1906		Month	5	Day	1	Age	Years	41	Months	Days
	Sex		Male		Color or Race		white		Birth-place		Ind.
	Married, Single or Widowed		Single		Occupation		Railroading				
	Name of Wife or Husband										
	Father's Name					Henry King					
	Mother's Maiden Name					Amanda Harvey					
PHYSICIAN OR CORONER	Name of person giving information					Harry A King					
	Father's Birthplace					Va					
	Mother's Birthplace					Ind.					
	How related to deceased					Brother					
CAUSES OF DEATH											
PHYSICIAN OR CORONER	Primary					Carbolic acid					
	Immediate					" "					
	Are the name, age, sex, color, date and place correctly given above?					yes					
	Signature of Physician or Coroner					August W. Mills, Coroner					
	Address					Mt Wmians					
Accident or Suicide?											



Name  
in  
Full

John Knoller

## CERTIFICATE OF DEATH

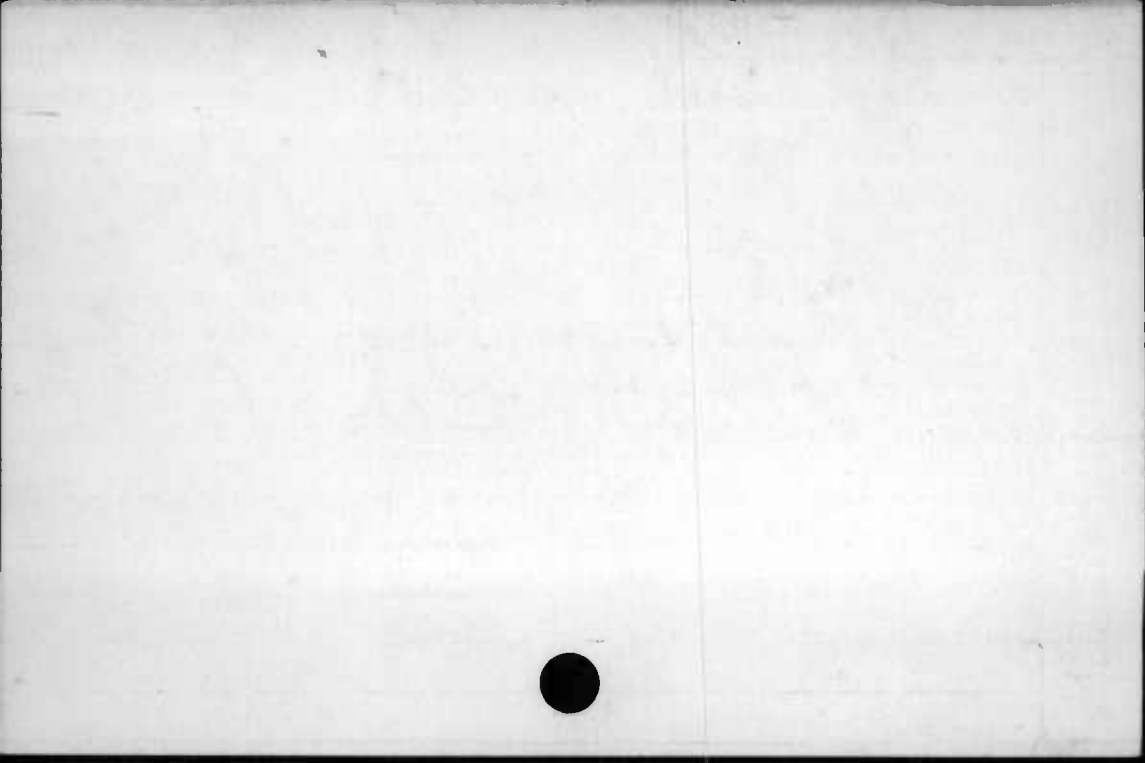
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Calvinville</i> <small>Town</small>		<i>Balto</i> <small>County</small>		MARYLAND	
Date of death 190	<i>6</i> <small>Month</small>	<i>May</i>	Day	<i>5</i>	Age <i>77</i> <small>Years</small>
Sex		Color or Race	<i>White</i>	Birth-place	<i>Germany</i>
Married, Single or Widowed	<i>Widower</i>		Occupation	<i>Laborer</i>	
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Paralysis.</i>	How long	<i>15 months -</i>
Immediate	<i>Acute Indigestion</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. H. Macys</i>
		Address	<i>Calvinville</i>
Accident or Suicide?			



Name  
in  
Full

William H. Lambdin

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Highland		County Baltimore		MARYLAND	
Date of death	1906	Month May	Day 28	Age Years	1	Months	21 Days
Sex	Male		Color or Race	White		Birth- place	Baltimore
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Frederick T. Lambdin					Father's Birthplace	Baltimore
Mother's Maiden Name	Margie Johnson					Mother's Birthplace	Baltimore
Name of person giving In formation	Frederick Lambdin					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Meningitis (61)		How long	1 Day
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	Yes.		Signature of Physician	Dr. F. A. Glantz
			Address	41 Eastern Ave Bk.
Accident or Suicide?				

Oak Lawn  
H. Sander Sins

Name  
in  
Full

George Laukemann

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Canton		County Balto		MARYLAND	
Date of death		1906	Month 5	Day 18	Age 69	Years 8	Months 13
Sex Male		Color or Race White		Birth- place Germany			
Occupation Supt. of cemetery		Where Residing if not at place of death Blonnell St. E. D.					
Married, Single or Widowed M.		Name of Wife or Husband Elizabeth Laukemann					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving in formation Elizabeth Laukemann		How related to deceased Wife					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia (93)	How long	17 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. J. Warner
yes		Address	1120 Highland
Accident or Suicide?			
no			

Jr Herwig Son

St ~~Paul~~ Cemetery

Mathews

5/21/06

Name  
in  
Full

Elsey Pauline Leight

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highlandtown</i> <sup>Town</sup>		<i>Balto.</i> <sup>County</sup>		MARYLAND	
Date of death	1906	Month	5	Day	23
Sex	Female	Color or Race	White	Years	-
Occupation	none	Birth-place	Balto. Co	Months	-
Where Residing if not at place of death		1404 - 3 <sup>rd</sup> St.			
Married, Single or Widowed	S	Name of Wife or Husband			
Father's Name	Andrew C. Leight			Father's Birthplace	Balto
Mother's Maiden Name	Emma Leight			Mother's Birthplace	" "
Name of person giving information	Andrew C Leight			How related to deceased	Father

## CAUSES OF DEATH

Primary	Acute Jaundice	(15)	How long	4 days
Immediate	Convulsions		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Address	
			804 Bank St. E. 10	
Accident or Suicide?				

PHYSICIAN  
OR CORONER

Trinity born  
Hermig & Son

5/24/06

Name  
In  
Full

Catherine Link

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Landstown</u>		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>May</u>	Day <u>14</u>	Age <u>78</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Germany</u>		
Occupation <u>House</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of <del>Wife</del> Husband <u>Adam Link</u>				
Father's Name <u>unknown</u>	Father's Birthplace <u>Germany</u>		Mother's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>unknown</u>	Name of person giving information <u>Mr. Wolf</u>		How related to deceased <u>daughter</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Valvular Disease of the Heart</u>	How long <u>2 years</u>
Immediate <u>Complete Exhaustion</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Frank H. Ruhl</u>
	Address <u>Landstown Md</u>
Accident or Suicide? <u>No</u>	

Staggs

Name  
in  
Full

Robert McCabe

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Sparrows Point <sup>County</sup> Balto.

MARYLAND

Date of death 1906 <sup>Month</sup> May <sup>Day</sup> 26 Age <sup>Years</sup> 65 <sup>Months</sup> <sup>Days</sup>

Sex Male Color or Race white Birth-place

Occupation Fisherman Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information Dr. Blaw J. P. How related to deceased

## CAUSES OF DEATH

Primary (179) How long

Immediate Natural Causes How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. Blaw J. P.  
Sparrows Point  
Md.

Accident or Suicide?



Name  
in  
Full

Elizabeth McCormick -

CERTIFICATE OF DEATH

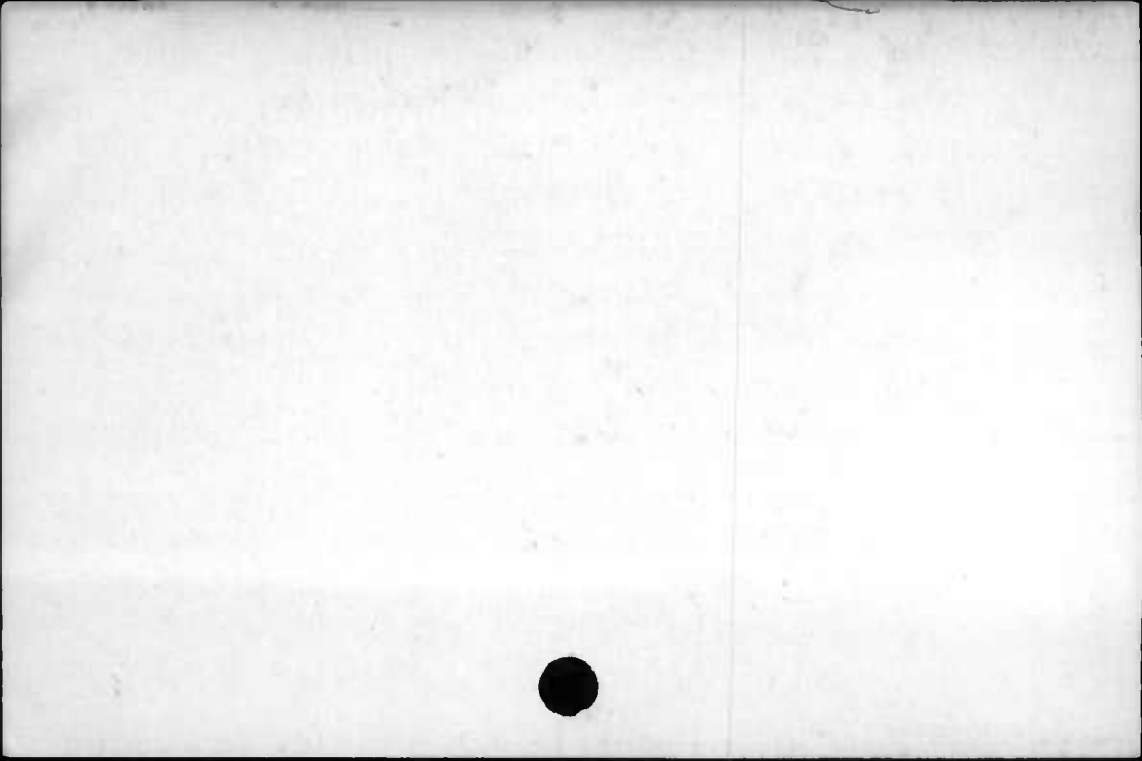
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Wet Hope</i>		Town <i>Balto -</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>2<sup>nd</sup></i>	Age <i>abt 14 yrs</i>	Months <i>unknown</i>	Years	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>				
Occupation <i>None</i>			Where Residing if not at place of death <i>Baltimore</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>unknown</i>				Father's Birthplace <i>unknown</i>			
Mother's Maiden Name <i>11</i>				Mother's Birthplace <i>11</i>			
Name of person giving information <i>Reeds Wet Hope</i>				How related to deceased <i>not at all</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute. Post Operation</i>	How long <i>abt 8 mos -</i>
Immediate <i>Ex - Laryngeal Phthisis</i>	How long <i>3 mos -</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>Wet Hope Retreat Balto Co Md -</i>
Accident or Suicide? <i>_____</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Joseph M. Derrutt</i>		Town <i>Bear Dam</i>		County <i>Bald</i>		State <i>MARYLAND</i>	
Died at <i>Bear Dam</i>		Month <i>May</i>		Day <i>19</i>		Age <i>2 yrs</i>	
Date of death <i>1906</i>		Months <i>5</i>		Days <i>—</i>			
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Bear Dam</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

Interments at Tefar

May 21<sup>st</sup> 1906

W. C. Brooks

Name

In  
Full

## CERTIFICATE OF DEATH

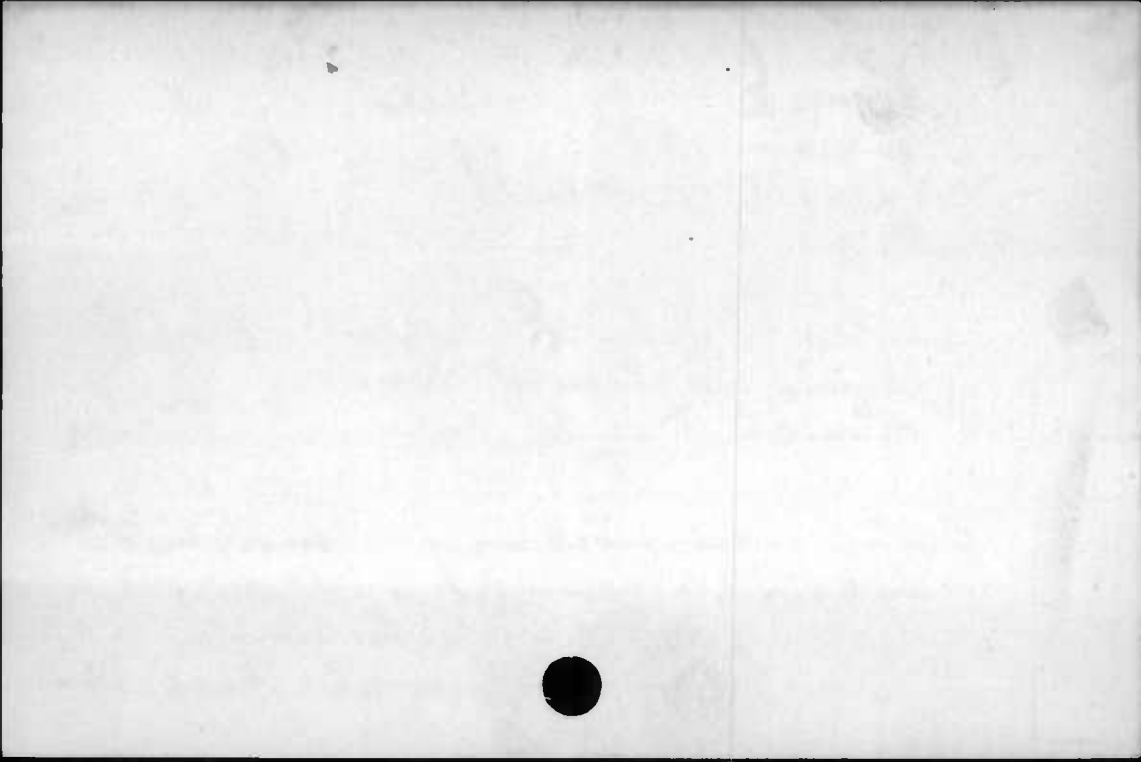
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sparron's Point</i>		Town <i>Beth</i>		County		MARYLAND	
Date of death	1906	Month	5	Day	25	Age	8
Sex	Female		Color or Race	White		Birth-place	<i>MD</i>
Occupation	None		Where Residing if not at place of death		<i>Sparron's Point</i>		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	<i>J H M Nicholas</i>					Father's Birthplace	<i>MD</i>
Mother's Maiden Name	<i>W Nicholas</i>					Mother's Birthplace	<i>MD</i>
Name of person giving information	<i>J H M Nicholas</i>					How related to deceased	<i>father</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pertussis</i>	How long	<i>15 days</i>
Immediate	<i>Bronchitis</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>D Woodward MD</i>
		Address	<i>Sparron's Point MD</i>
Accident or Suicide?			



Name  
in  
Full

Harrison Hamilton McPherson

CERTIFICATE OF DEATH

Town

County

Died at

Gorans

Balto

MARYLAND

Date

Month

Day

Age

Years

Months

Days

of death

1906 May

28

17

10

Sex

Male

Color or  
Race

White

Birth-  
place

Balto Md

Occupation

None

Where Residing if not  
at place of death

Gorans

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Luncan Finley McPherson

Father's  
Birthplace

Balto

Mother's  
Maiden Name

Jennie Harrison McPherson

Mother's  
Birthplace

Balto

Name of person giving  
Information

Luncan Finley McPherson

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Acute insufficiency

How long

19 days

Immediate

Typhoid fever

How long

15 weeks

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

G. G. Runk

Address

2000 E. Buct. St.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Rack

H O Hughes

17 S Broady  
Bath

To Land  
Park Cemetery

Name  
in  
Full

Sarah Elizabeth Marley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Towson <sup>Town</sup> County Balto. <sup>Baltimore</sup> MARYLAND

Date of death 1906 May 29 Age — Years — Months — Days 6

Sex female Color or Race white Birth-place Md.

Occupation infant Where Residing if not at place of death Towson

~~Married~~ Single ~~or Widowed~~ ~~Husband~~

Father's Name W. Geo. Marley Father's Birthplace Md.

Mother's Maiden Name Elizabeth Brown Mother's Birthplace Md.

Name of person giving information W. Geo. Marley How related to deceased father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Premature Birth (151) How long

Immediate Convulsions How long 8 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. Gayles Owen M.D.

Address Towson, Md.

~~Accident or Suicide?~~

John Burns Sons  
Louson  
Govan's Cert.

Name  
in  
Full

Thomas Mason

## CERTIFICATE OF DEATH

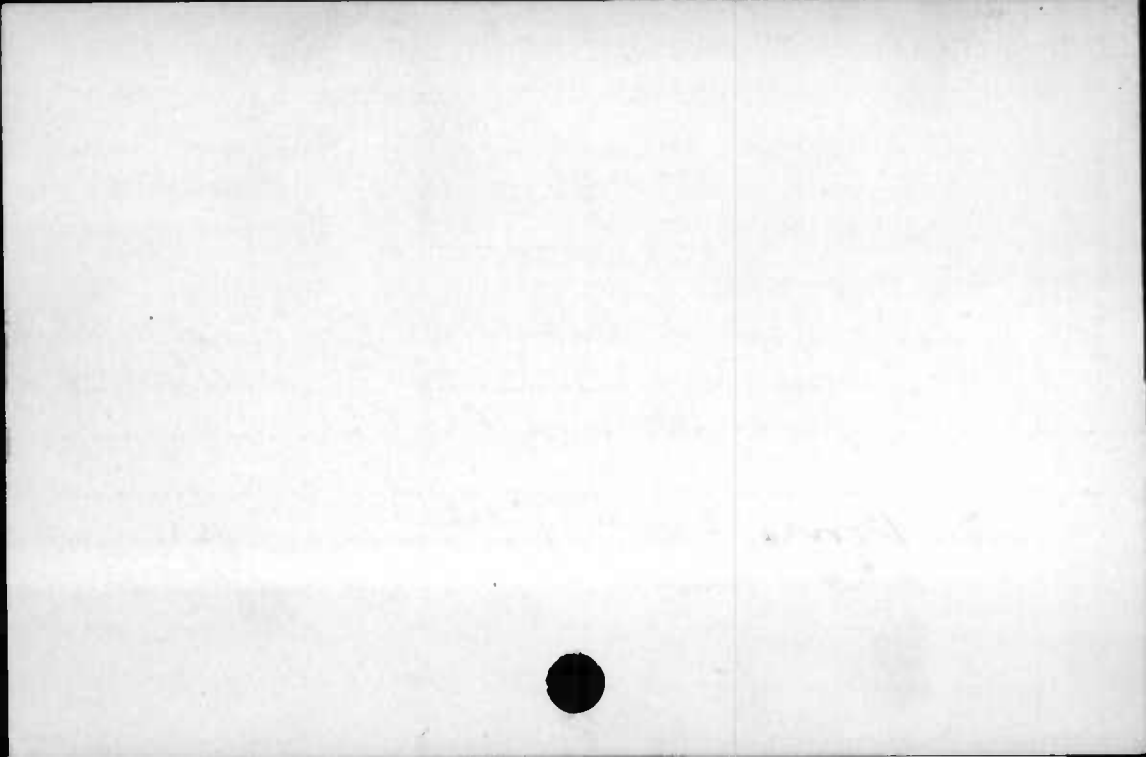
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Mt Hope Reptah		<sup>County</sup> Baltimore		MARYLAND	
Date of death	1906	Month	May	Day	15
Age		Years	75	Months	Unknown
Sex		Male	Color or Race	White	Birth-place
Occupation		None	Where Residing if not at place of death		
Married, Single or Widowed		Single	Name of Wife or Husband		
Father's Name		Unknown	Father's Birthplace		
Mother's Maiden Name		Unknown	Mother's Birthplace		
Name of person giving information		Reeds Mt Hope	How related to deceased		
			Not at all.		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Malaria Chron	How long	over 26 yrs.
Immediate	Ex-Hypostatic Congest. Emrys.	How long	24 hrs.
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Isidore J. Flannery M.D.	
Address		Mt Hope Reptah Baltimore Md.	
Accident or Suicide?			



Name

in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Brehm's Lane</b>		<b>Baltimore</b>		<b>MARYLAND</b>	
Date of death	1906	Month	May	Day	27
Sex		Color or Race	white	Birth-place	Brehm's Lane
Occupation	Labor		Where Residing if not at place of death 14 Brehm's Lane		
Married, Single or Widowed	marriage		Name of Wife or Husband		
Father's Name	William. Middlecoff			Father's Birthplace	Baltimore Md
Mother's Maiden Name	Annie. L. Middlecoff			Mother's Birthplace	Baltimore Md
Name of person giving information	Father. W. Middlecoff			How related to deceased	2

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Still Born. Cause suffocation	How long	still
Immediate	still Born.	How long	Born
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician H. Young Withers M.D.	
		Address 257 Gorkuch ave	
Accident or Suicide?			

Balto Cemetery  
May 29/907  
Woolfrop

Name  
in  
Full

## CERTIFICATE OF DEATH

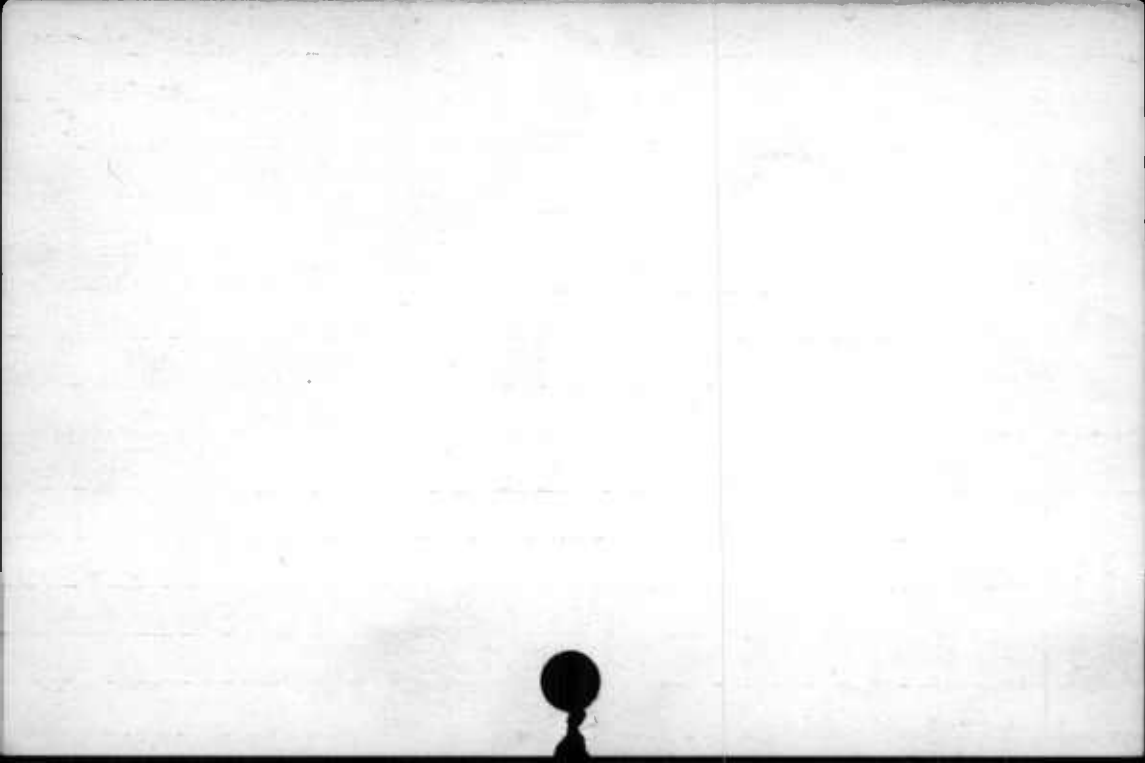
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Chas. R. G. Miller</b>		Town <b>Canton (304 S. Clinton)</b>		County <b>Baltimore</b>		MARYLAND	
Died at		Date of death <b>1906</b>		Age <b>46</b>		Months <b>-</b>	
Month <b>May</b>		Day <b>19</b>		Years <b>46</b>		Days <b>-</b>	
Sex <b>male</b>		Color or Race <b>white</b>		Birth- place <b>Baltimore Md.</b>			
Occupation <b>Laborer</b>				Where Residing If not at place of death			
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>Mary E. Miller</b>					
Father's Name <b>Chas. Miller</b>				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information <b>Joseph Weidel</b>				How related to deceased <b>stepson</b>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Pulmonary &amp; Laryngeal Tuberculosis</b>		How long <b>may be 1 year</b>	
Immediate <b>Toxemia &amp; exhaustion</b>		How long <b>about 3 weeks</b>	
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>J. W. Weidel</b>	
Address <b>S. E. Co. Canton &amp; D. D. D. D.</b>			
Accident or Suicide?			



Name in Full		George Washington Miller				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Norrum Town		Balls County		MARYLAND	
	Date of death	1906	May	Day 14	Years 71	Months 6	Days 16
	Sex	Male		Color or Race	white		
	Occupation	Engineer (stationer)		Birth-place	Charley Co. Pa		
	Where Residing if not at place of death						
	Married, Single or Widowed	Married		Name of Wife or Husband	Mary Hedrick		
	Father's Name	James H Miller				Father's Birthplace	Unknown
Mother's Maiden Name	Elizabeth Griffith				Mother's Birthplace	Unknown	
Name of person giving information	Mrs Mary Miller				How related to deceased	Wife	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Chronic Pulmonary Tuberculosis				How long	3 Years
	Immediate	Haemoptosis (Pulmonary Hemorrhage)				How long	5 Minutes
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	Dr R. B. Benson
	Address	Leckesville Md					
Accident or Suicide?	no						

Funeral at Popular  
Cemetery May 16<sup>th</sup>

W. C. Brooks

Name  
in  
Full

Aaron Mitchell

## CERTIFICATE OF DEATH

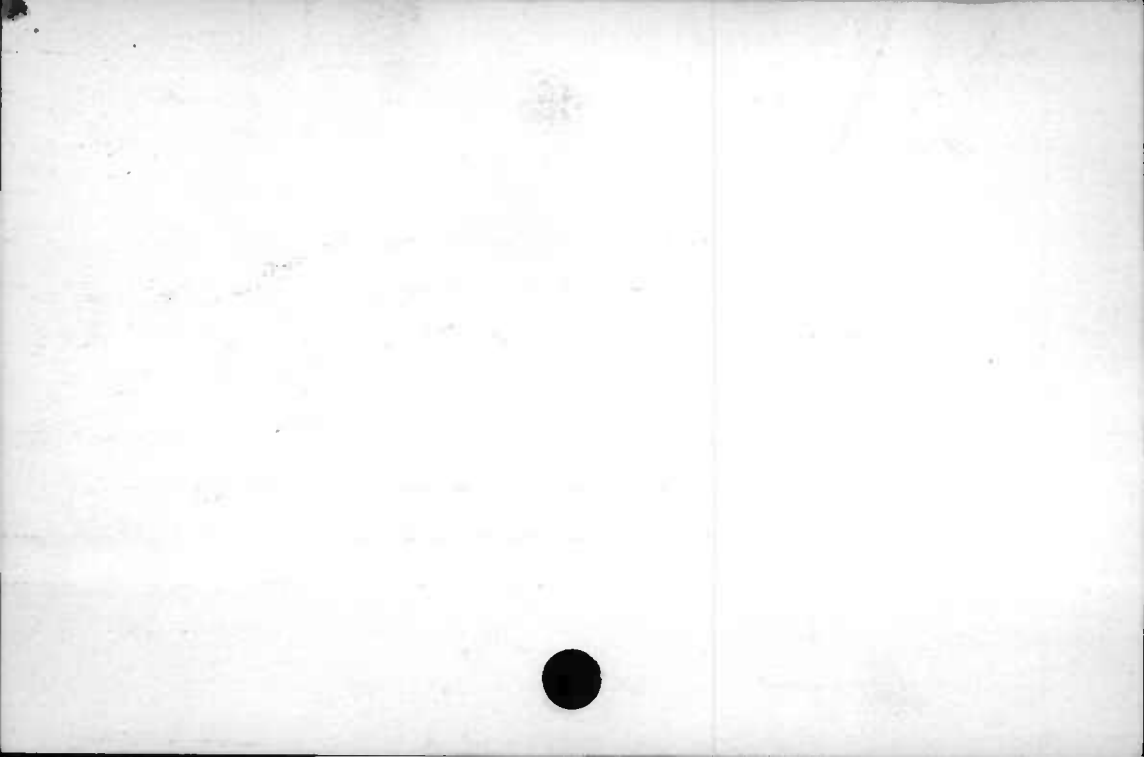
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Catonsville		County Baltimore		MARYLAND	
Date of death	1906	Month May	Day 19 <sup>th</sup>	Age	30	Months X	Days X
Sex	Male		Color or Race	Negro		Birth- place	Maryland
Occupation	Porter			Where Residing if not at place of death		Md. Hospital for insane Catonsville, Md	
Married, Single or Widowed	Single		Name of Wife or Husband	Single			
Father's Name	Unknown					Father's Birthplace	Unknown
Mother's Maiden Name	Unknown					Mother's Birthplace	Unknown
Name of person giving Information	Hospital Record					How related to deceased	X

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Dementia	How long	24 years
Immediate	Mitral Insufficiency	How long	2 years
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Address	
No.		J. Percy Wade M.D. - Catonsville Md.	
Accident or Suicide?		No.	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Marshall D. Murray  
Catonsville

Town

County

Baltimore

MARYLAND

Date

of death 190

6

Month

May

Day

9<sup>th</sup>

Age

Years

38

Months

Days

Sex

male

Color or  
Race

white

Birth-  
place

South Carolina

Married, Single  
or Widowed

single

Occupation

Physician

Name of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

Nervous exhaustion

How long

3 or 4 weeks

Immediate

Pneumonia

How long

4 or 5 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

W. Rushmer White M.D.

Catonsville

Md.

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

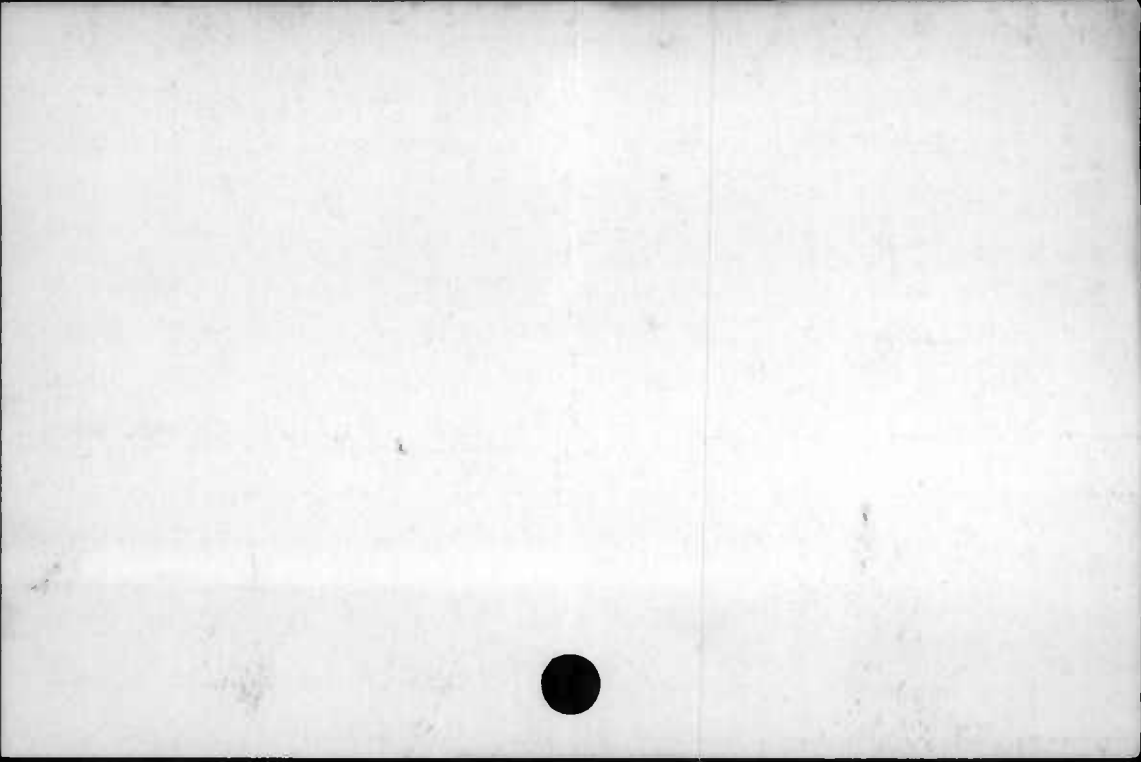
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sparrows Point</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>26<sup>th</sup></i>	Age <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Sparrows Point</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>James Mc Nicholas</i>		Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name <i>Maggie King</i>		Mother's Birthplace <i>Ireland</i>			
Name of person giving information <i>Maggie Mc Nicholas</i>		How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Still born infant S.</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. E. McCormick MD</i>
<i>no</i>	Address <i>Sparrows Point</i>
Accident or Suicide? <i>no</i>	



Name

in  
Full

Agnes C. Norris

## CERTIFICATE OF DEATH

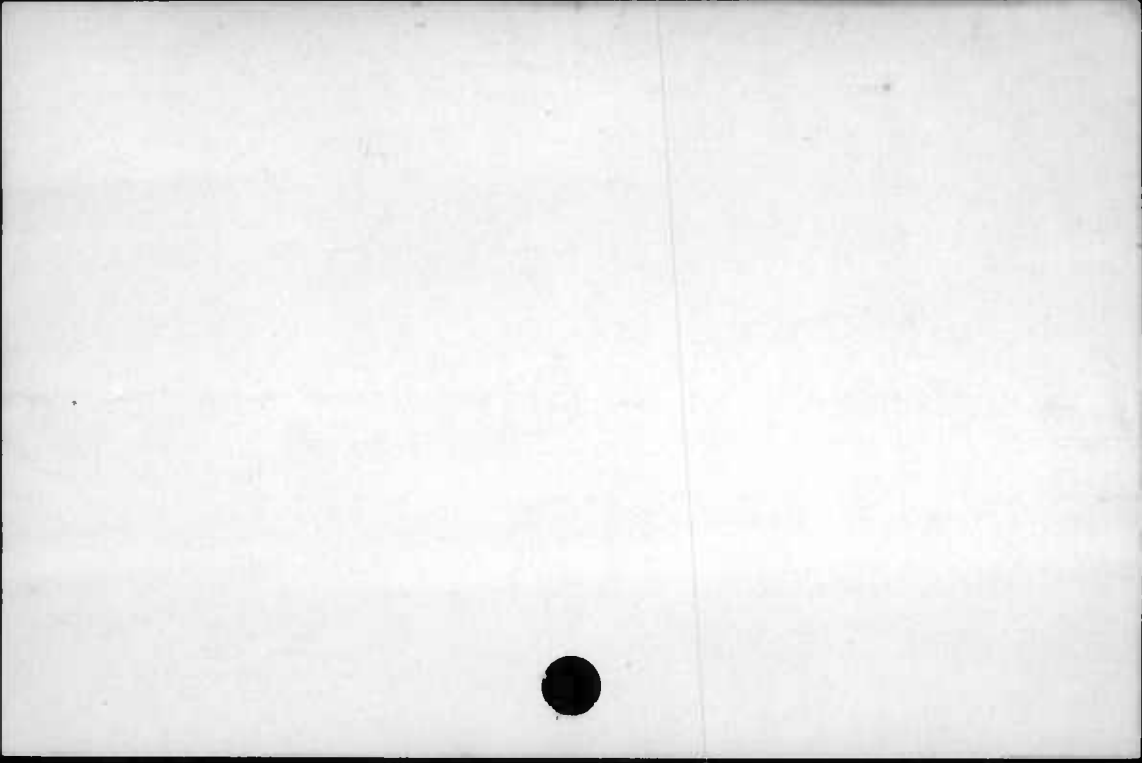
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Catonsville		<sup>County</sup> Baltimore		MARYLAND	
Date of death	1906	Month	May	Day	16
Age		Years	36	Months	7
Sex		female	Color or Race	white	Birth-place
Occupation		House wife		Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		James Dykes		Father's Birthplace	
Mother's Maiden Name		Mary Reistetter		Mother's Birthplace	
Name of person giving information		George W. Norris		How related to deceased	
				Husband	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Acute Pulmonary Tuberculosis	How long	3 months
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Dr. C. L. Mauffeld	
Address		Baltimore, Md.	
Accident or Suicide?			



Name  
in  
Full

Still born infant O'Beale

## CERTIFICATE OF DEATH

Died at Sparrows Point Baltimore

MARYLAND

Date of death 1906 May 8<sup>th</sup> Age — Years — Months — Days —

Sex female Color or Race col. Birth-place Sparrows Point

Occupation — Where Residing if not at place of death —

~~Married~~ Single  
~~or Widowed~~

Name of Wife or Husband —

Father's Name Wm O'Beale

Father's Birthplace Va

Mother's Maiden Name Gertrude Gibson

Mother's Birthplace Va

Name of person giving information Gertrude Beale

How related to deceased Mother

## CAUSES OF DEATH

Primary Still born infant

How long —

Immediate —

How long —

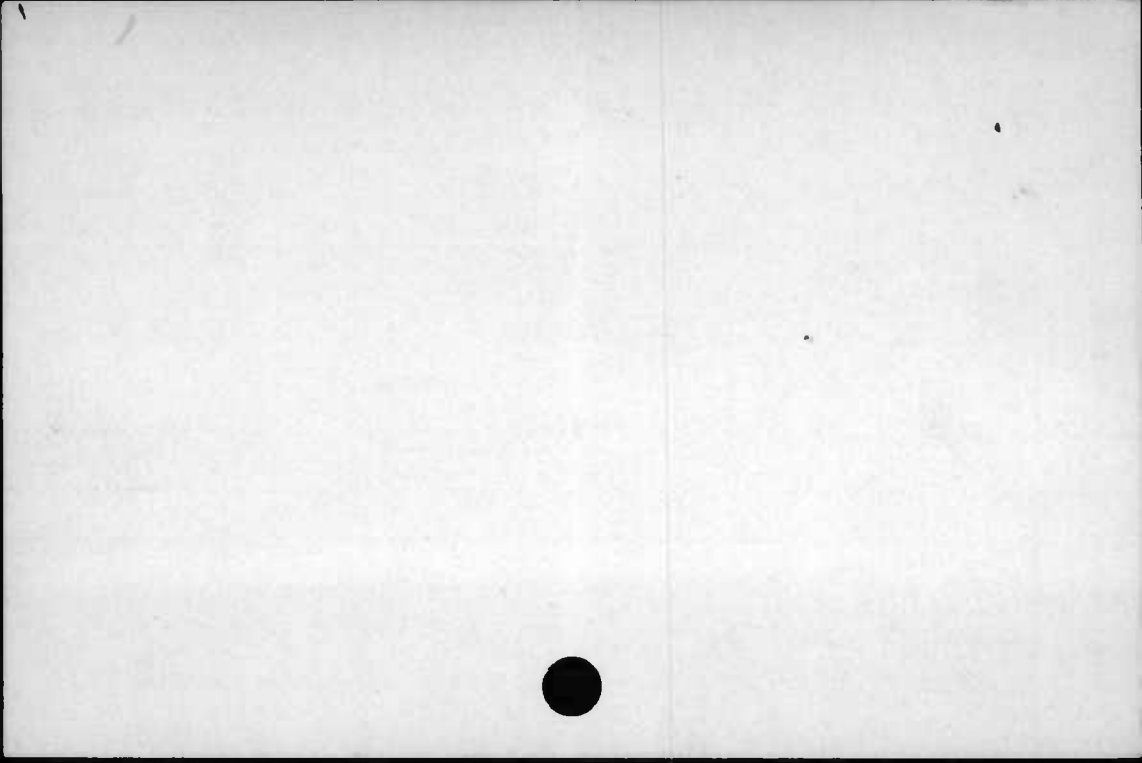
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician G. McCormick M.D.

Address Sparrows Point

Accident or Suicide? no

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
In  
Full

Harriet B. Orem

## CERTIFICATE OF DEATH

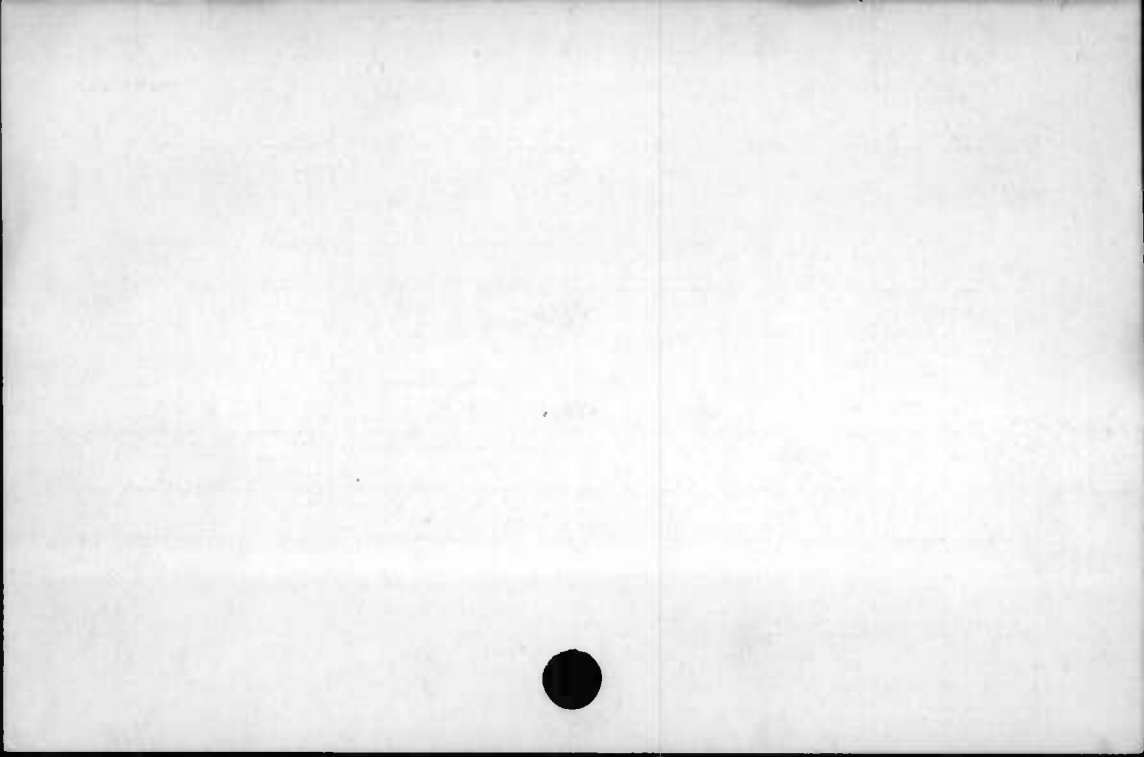
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Upper Falls</i>		<sup>County</sup> <i>Buel?</i>		MARYLAND	
Date of death <b>190</b>	Month <i>May</i>	Day <i>9<sup>d</sup></i>	Years <i>65</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maine</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Upper Falls</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>George Orem</i>				
Father's Name <i>Thomas White</i>	Father's Birthplace <i>Don't know</i>				
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace				
Name of person giving information <i>Hustons</i>			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Angina Pectoris</i>	How long <i>about 2 years</i>
Immediate <i>Sudden from heart failure</i>	How long <i>subject to attacks of Angina Pectoris</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. H. Hayes M.D.</i>
	Address <i>Franklinville</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

Maggie A. Parker

## CERTIFICATE OF DEATH

Died at

Havelsville Baltimore

MARYLAND

Date

of death 1906

Month

May

Day

10

Years

Age 58

Months

Days

Sex

Female

Color or  
Race

Colored

Birth-  
place

Baltimore

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Widow

Name of Wife or  
Husband

John F. Parker deceased

Father's  
Name

Richard J. Ovingo

Father's  
Birthplace

Baltimore

Mother's  
Maiden NameMother's  
BirthplaceName of person giving  
information

Chas. J. Parker

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

Rheumatism

How long

20 or 3 years

Immediate

Heart Failure

How long

20th Decy

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

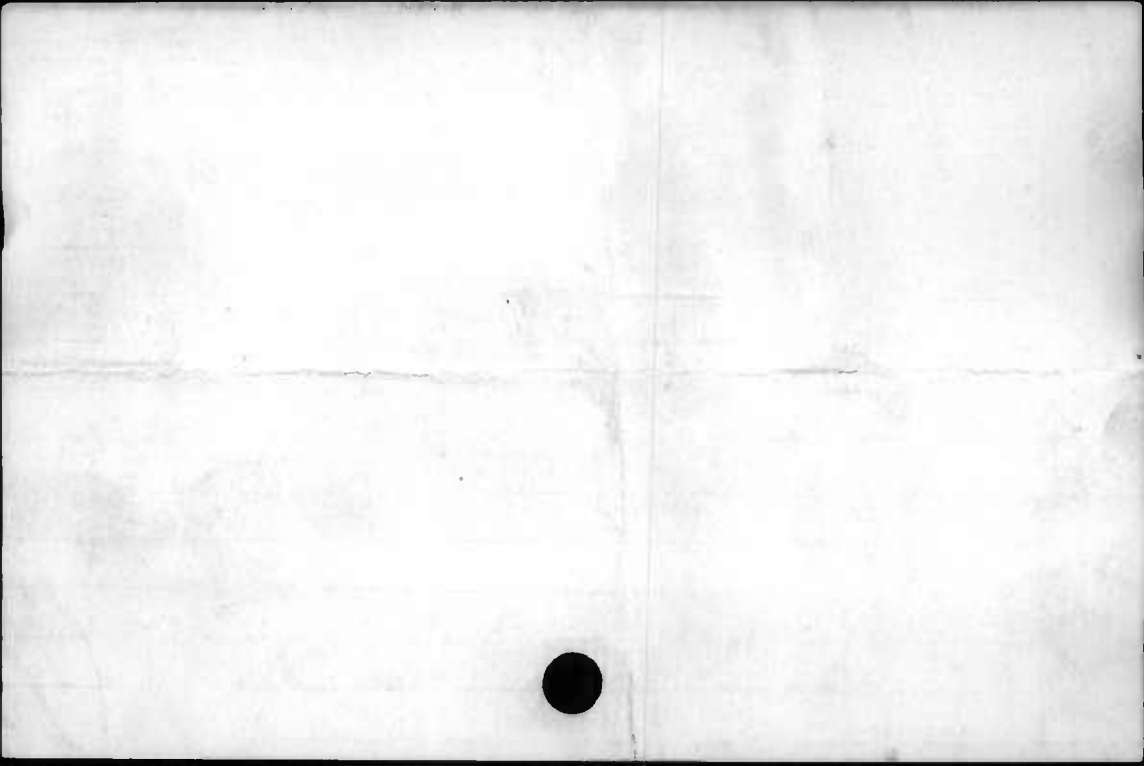
C. H. Fowler

712 S. Sharp St.  
Baltimore

Accident or Suicide?

\_\_\_\_\_

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Elizabeth Parker

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Belzoni* Town *Baile* County  
 Date of death *1906* *May* Month *3* Day Age *57* Years  
 Sex *Female* Color or Race *Colored* Birth-place *md*  
 Occupation *Housewife* Where Residing if not at place of death *-*  
 Married, Single or Widowed *Widow* Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

*Danl Reed*

How related to deceased

*43*  
*Son in law*

## CAUSES OF DEATH

Primary

*Carcinoma of breast*

How long

*1 year*

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

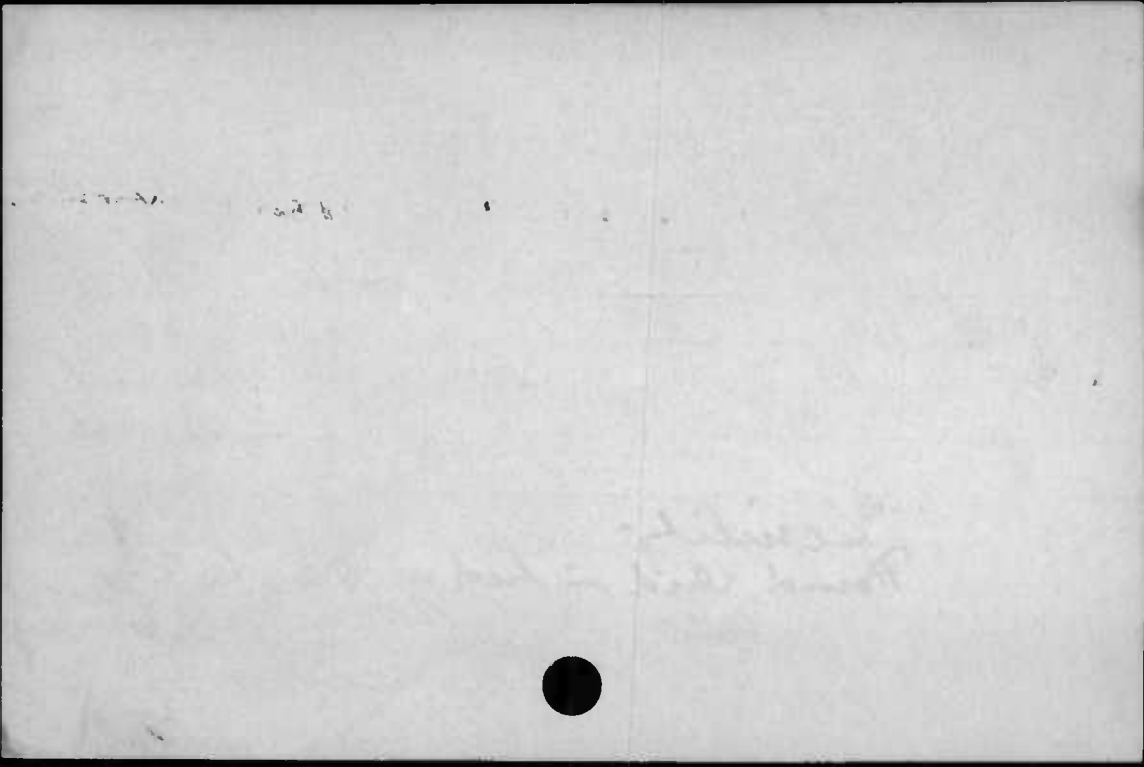
Signature of Physician

*W. Mace*

Address

*Rossville*  
*Ma*

Accident or Suicide?



Name  
in  
Full

Elizabeth Quinn Parrish

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> White Hall <sup>County</sup> BaltimoreDate of death 1906 <sup>Month</sup> 5 <sup>Day</sup> 23 <sup>Age</sup> 84 <sup>Years</sup> 7 <sup>Months</sup> 12 <sup>Days</sup>

Sex Female Color or Race White Birth-place Black Horse

Occupation Horse Wife Where Residing if not at place of death

Married, Single or Widowed Widow Name of Wife or Husband Norris B Parrish

Father's Name Thomas Lytle Father's Birthplace Maryland

Mother's Maiden Name Charity McComas Mother's Birthplace Maryland

Name of person giving information Thomas J Parrish How related to deceased Son

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Senility

How long

154

Immediate

Found dead in bed at 5:30 A.M.

How long

Are the name, age, sex, color, date and place correctly given above?

yes

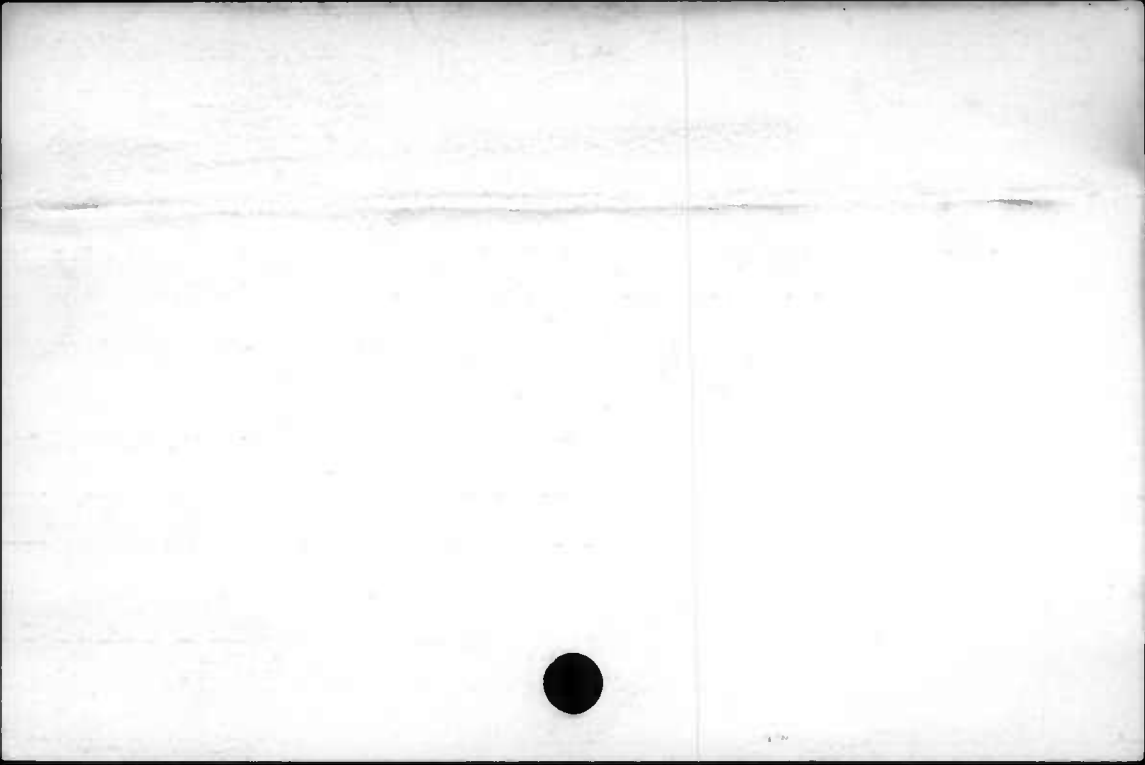
Signature of Physician

Address

W. Millard Stirling  
Shanes

Md.

Accident or Suicide?



Name  
in  
Full

Matthew Peck

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Highlandtown		County Baltimore		MARYLAND	
Date of death	1906	Month 5	Day 25	Age	Years 45	Months	Days
Sex	Male		Color or Race	White		Birth- place	Austria
Occupation Cutter			Where Residing if not at place of death				
Married, Single or Widowed		Married		Name of Wife or Husband		Debra Peck	
Father's Name						Father's Birthplace	Austria
Mother's Maiden Name						Mother's Birthplace	"
Name of person giving Information		Frank Krall				How related to deceased	Son

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Phthisis Pulmonalis		How long	14 weeks
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
		1120 Highland Ave		
Accident or Suicide?		No		

Dr. Akey -  
Hudson St

---

Bural at  
Bohemian National  
Cemetery  
May 27/98  
John Cook  
5026 North

Name in Full

Certificate of Death

William Pemberton

Town

County

Died at Sheppard & Enoch Pratt Hosp<sup>c</sup> Towson Balto Co MARYLAND

Date 1906 May 1 Age 28-7-2 Native of Md Occupation Tel. Opr.

Male White Married Widow ~~Divorced~~  
 Female Colored Single Widower Number of children living 1

Husband  
of  
Wife

Father's Name William Pemberton Mother's Name May E McLaughlin  
 Maiden Name

Cause of Death { Primary Hepatic Arteriosclerosis  
 Acute Nephritis  
 Immediate Pulmonary Oedema

How long sick 3 wks  
 (112)  
 Accident, Suicide, Homicide

Reported by Edward W. Drush

Address Sheppard & Enoch Pratt Hosp<sup>c</sup> Towson Balto Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

H. C. W. udgila

914 Grunman.

Cathedral Cove.

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Catherine Pfaff*

Died at *Highlandtown* <sup>Town</sup> *Balto* <sup>County</sup> **MARYLAND**

Date of death **1906** <sup>Month</sup> *5* <sup>Day</sup> *4* <sup>Years</sup> *80* <sup>Months</sup> *4* <sup>Days</sup> *4*

Sex *Female* Color or Race *White* Birth-place *Germany*

Occupation *Housework* Where Residing if not at place of death *309 Blairwood St*

Married, Single or Widowed *Widow* Name of Wife or Husband *Conrad Pfaff*

Father's Name *—* Father's Birthplace *Germany*

Mother's Maiden Name *—* Mother's Birthplace *" "*

Name of person giving information *Henry Pfaff* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Old age* *154* How long

Immediate *Asthma* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *E. J. Britton M.D.*

Address *1711 E. Park St.*

Accident or Suicide?

Balto Lern,  
J. Hennig & Son  
5/7/06

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Joseph B. Phipps -*

Died at *Pikesville* Town *Baltimore* County *MARYLAND*

Date of death *1906* Month *5* Day *11* Age *61* Years Months *—* Days *—*

Sex *male* Color or Race *white* Birth-place *Md.*

Occupation *Insurance* Where Residing if not at place of death *—*

Married, Single or Widowed *married* Name of Wife or Husband *—*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *Jacob H. Kraft* How related to deceased *son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Apoplexy -* *(64)* How long *—*

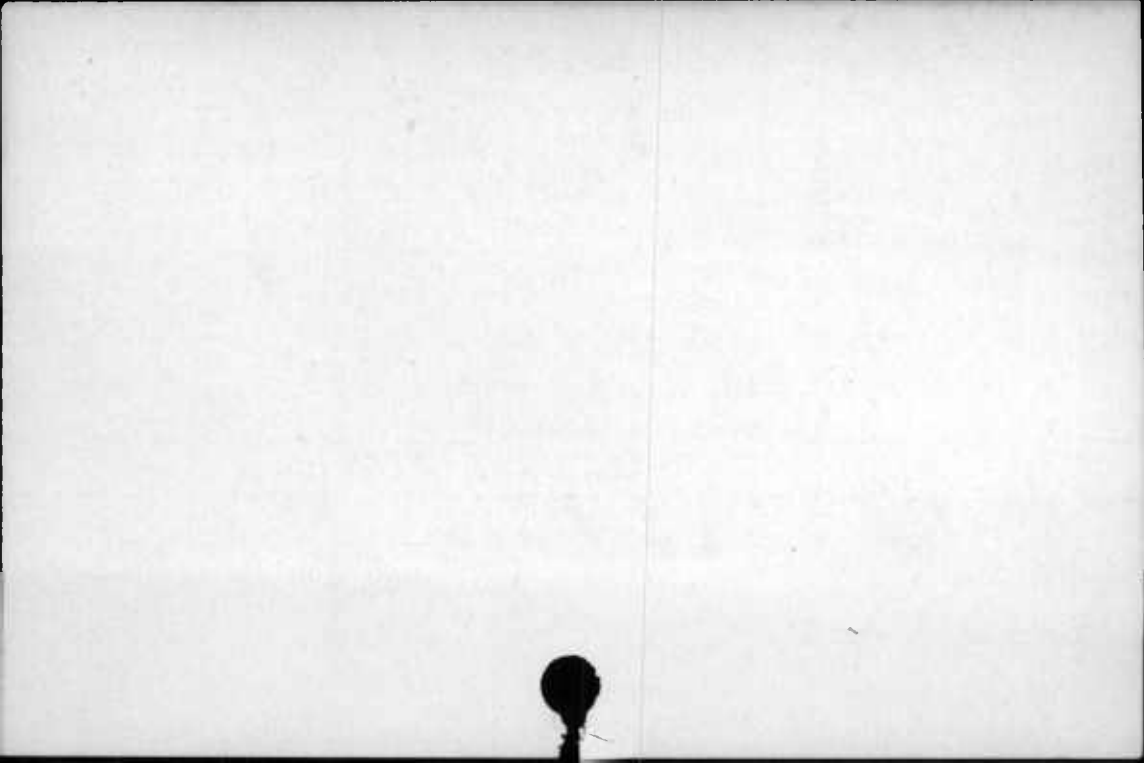
Immediate *—* How long *Immediate*

Are the name, age, sex, color, date and place correctly given above? *—*

Signature of Physician *Henry A. Naylor*

Address *Pikesville Md.*

Accident or Suicide? *—*



Name  
in  
Full

CERTIFICATE OF DEATH

Mary E. Pomeroy  
Wickeysville Balto County

MARYLAND

Died at

Date

1906

Month

5

Day

25

Years

34

Months

2

Days

24

Age

Sex

Female

Color or  
Race

White

Birth-  
place

Va

Occupation

Dressmaker

Where Residing if not  
at place of death

Wickeysville

Married, Single  
or ~~Widow~~

Name of Wife or  
Husband

-

Father's  
Name

Silas Pomeroy

Father's  
Birthplace

Va

Mother's  
Maiden Name

Martha A Lehen

Mother's  
Birthplace

Va

Name of person giving  
In formation

Martha A Pomeroy

How related  
to deceased

Mother

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

1 year

Immediate

Diarrhea

How long

2 weeks

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

(Signature)

R. C. Smith  
Woodlawn St  
Md

Accident or Suicide?

-

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John B Cook  
1003 W Baltimore -  
Savage and Howard Co

Name  
in  
Full

Ruth - E. Power

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Glyn Falls</i>		Town <i>Balto</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>19</i>	Age <i>—</i>	Years <i>—</i>	Months <i>10</i>	Days <i>7</i>	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Balto co Md</i>				
Occupation <i>—</i>			Where Reading if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Edward M. Power</i>				Father's Birthplace <i>Balto co Md</i>			
Mother's Maiden Name <i>Florence E. Mitten</i>				Mother's Birthplace <i>Fredrick co Md</i>			
Name of person giving information <i>Edward H Power</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Teething</i>	<i>(71)</i>	How long <i>1 wk</i>
Immediate <i>Convulsions</i>		How long <i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. M. Slade</i>
		Address <i>Reisterstown</i>
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *not with ans* *Balt.* CountyDate of death *1906 May 5* Age *81* Months DaysSex *female* Color or Race *white* Birthplace *Washington*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *Married* Name of Wife or Husband *John purper*

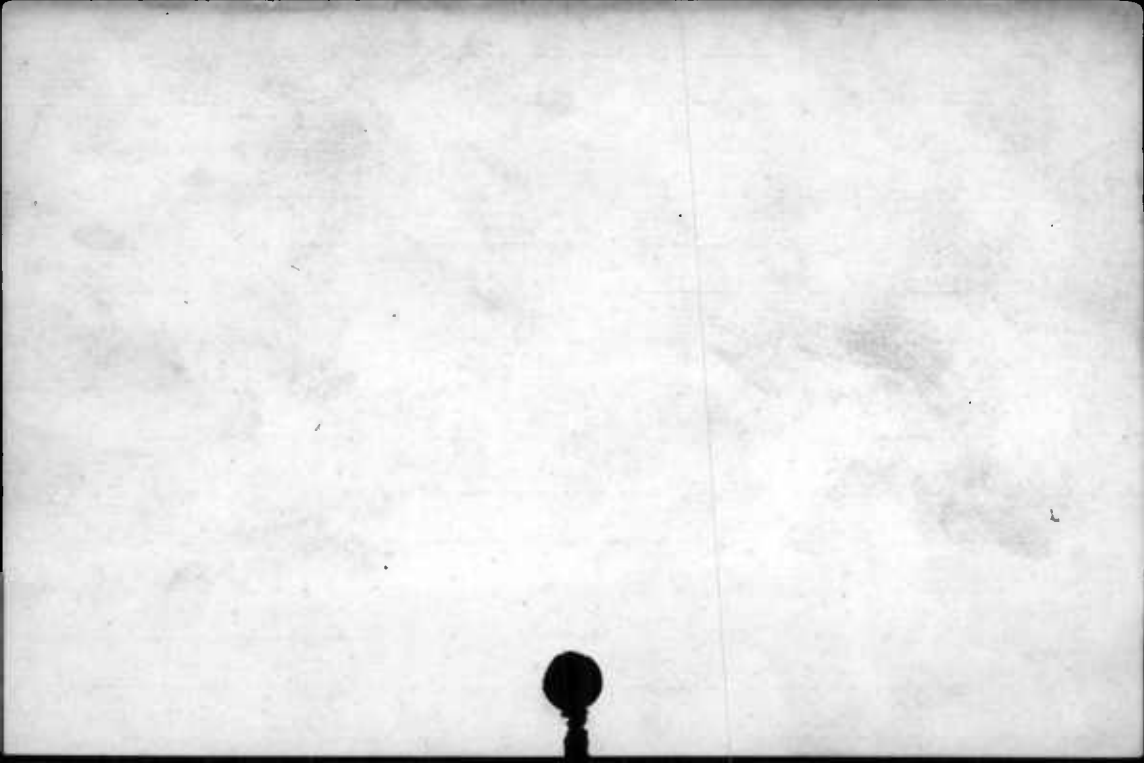
Father's Name \_\_\_\_\_ Father's Birthplace \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Mother's Birthplace \_\_\_\_\_

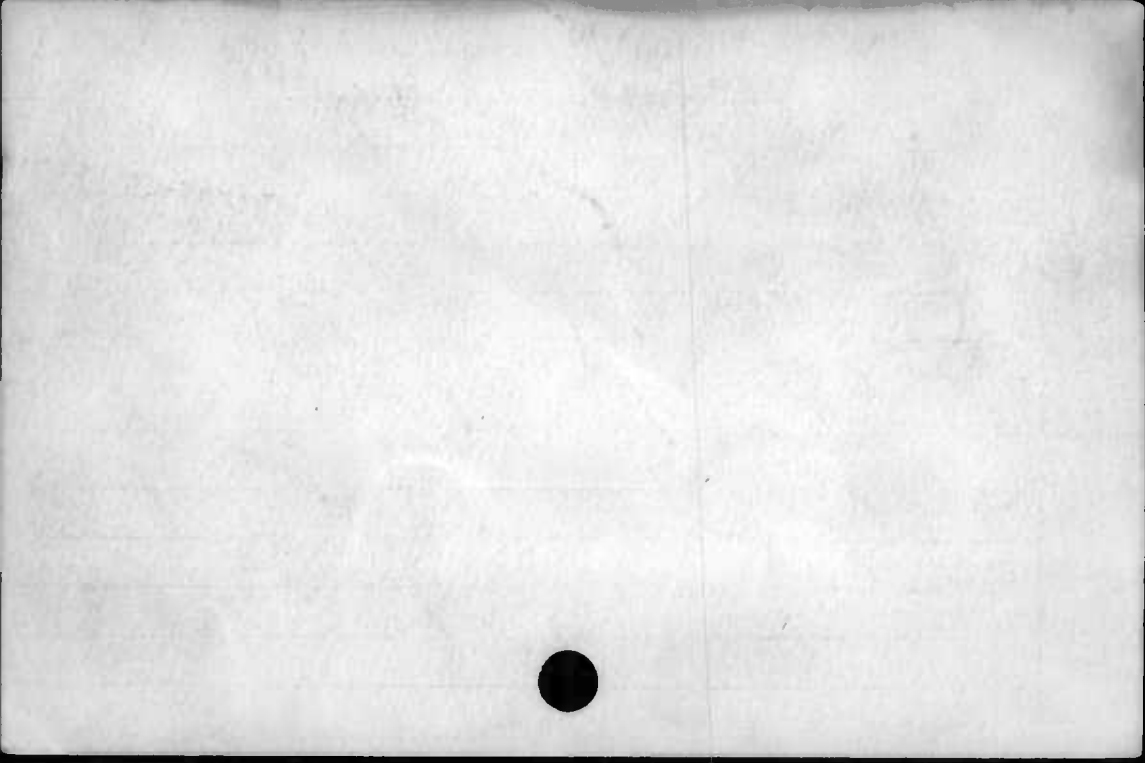
Name of person giving information *John Lucke* How related to deceased *refuse*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary *Bright's Disease & Asthma* How long *1 year*Immediate *Dropsy* How long *2 weeks*Are the name, age, sex, color, date and place correctly given above? ☒Signature of Physician *P. H. Glanville*Address *not with ans*Accident or Suicide? *no*



Name in Full		Certificate of Death			
William S. Putnam		MAYLAND			
TO BE ANSWERED BY NEAREST FRIEND	Died at	Union all <sup>Town</sup> <del>at</del> <sup>yards</sup>	Balto <sup>County</sup>		
	Date of death 1906	Month 5	Day 30	Age 49	Months 2 Days —
	Sex Male	Color or Race White	Birth-place N Y		
	Married, Single or Widowed	Married	Occupation Millright		
	Name of Wife or Husband	Rose S. Putnam			
	Father's Name	Nahum W. Putnam		Father's Birthplace	Vermont
	Mother's Maiden Name			Mother's Birthplace	
Name of person giving information	J. W. Putnam		How related to deceased	Brother	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	Falling Timber		How long	Immediate
	Immediate	Struck on Head		How long	—
	Are the name, age, sex, color, date and place correctly given above?		Geo	Signature of Physician August W. Miller (Coroner)	
				Address Mt Winans	
	Accident or Suicide?		Accident	Balto Co. Md	



Name  
in  
Full

L.C. Quinby

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>MT Hope Retreat</i> <sup>Town</sup> <i>Balto Co</i> <sup>County</sup> <i>Md</i>			
Date of death <i>1906</i>	Month <i>May</i>	Day <i>23</i>	Age <i>44</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Months <i>unknown</i>	Days <i>unknown</i>
Occupation <i>Merchant</i>	Where Residing if not at place of death <i>Ayden N.C.</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>unknown</i>	Father's Birthplace <i>unknown</i>		
Mother's Maiden Name <i>"</i>	Mother's Birthplace <i>"</i>		
Name of person giving information <i>Rec'ds MT Hope</i>	How related to deceased <i>Not at all</i>		

## CAUSES OF DEATH

Primary <i>Hania Epileptic</i>	How long <i>Several years -</i>
Immediate <i>Ex Status Epileptics</i>	How long <i>40 hrs -</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>MT Hope Retreat</i>
	<i>Mount Hope Md.</i>
Accident or Suicide? <i></i>	



Name  
in  
Full

Sister Mary Rita Rainey

## CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> ~~Wt. of Md.~~ <sup>near</sup> Catonsville<sup>County</sup> Baltimore

Date of death 1906 May

Day 16

Years 41

Months

Days

Sex Female

Color or Race White

Birth-place Baltimore, Md.

Occupation Religious

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Edward J. Rainey

48

Father's Birthplace

Baltimore, Md.

Mother's Maiden Name

Mary M. Bennett

Mother's Birthplace

Baltimore, Md.

Name of person giving information

Mother Sister Anna

How related to deceased

## CAUSES OF DEATH

Primary

Arthritis Deformans

How long

13 Years

Immediate

Concussion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

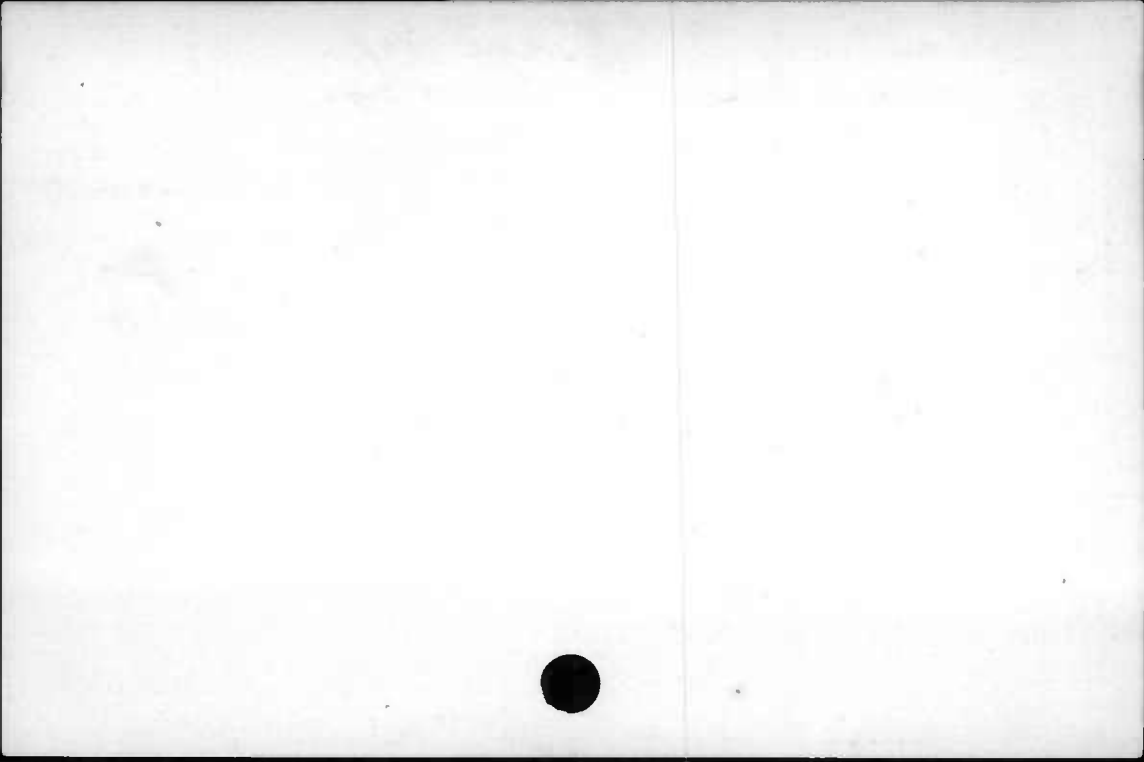
Signature of Physician

Address

Hannell Hannon  
Dickeyville, Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
FullStill Born Child of *Maud T Howelle*  
*Joseph Reed*

## CERTIFICATE OF DEATH

Died at *Leatonville*

Town

County

*Bates*

MARYLAND

Date

of death *1906*

Month

*May*

Day

*28*

Age

Years

Months

Days

Sex

Color or  
Race*W.*Birth-  
place*Leatonville*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*Joseph Reed*Father's  
Birthplace*Ind*Mother's  
Maiden Name*Maud T Howelle*Mother's  
Birthplace*Ind*Name of person giving  
information*M. A. Howelle*How related  
to deceased

## CAUSES OF DEATH

Primary

*Premature labor at 7 months*

How long

Immediate

*Macerated fetus*

How long

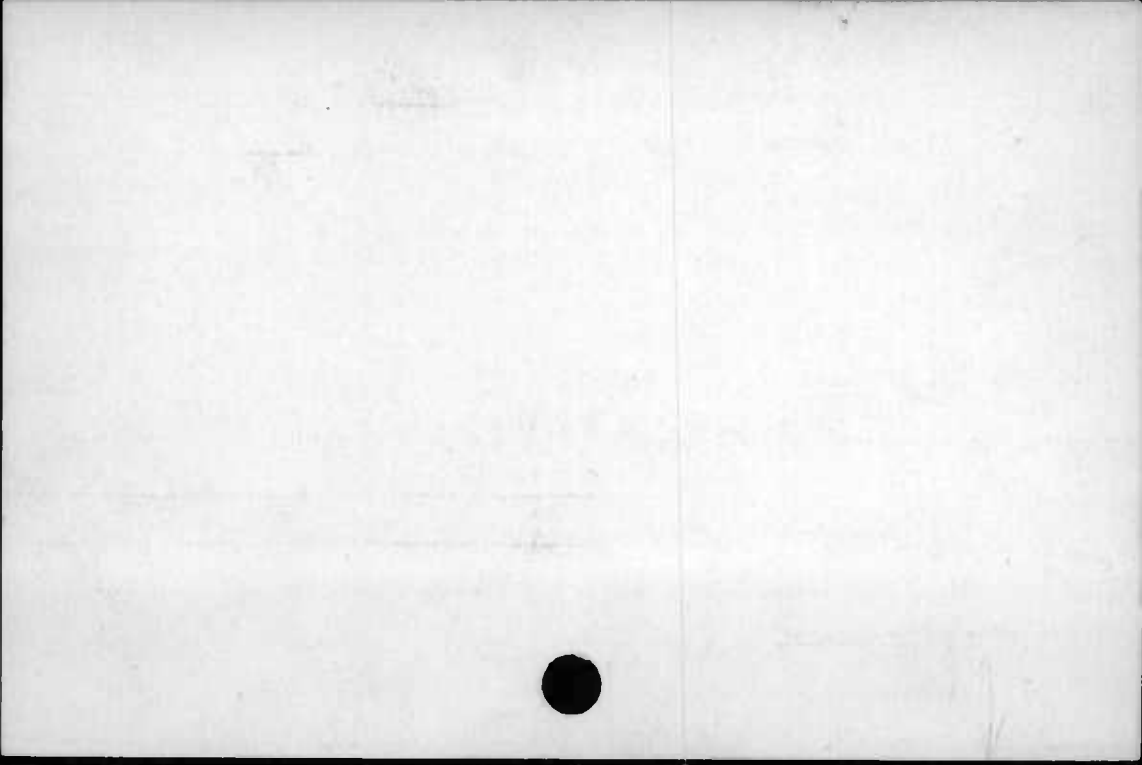
Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician

Address

*Thuridge Williams  
1124 Cathedral Ct.*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

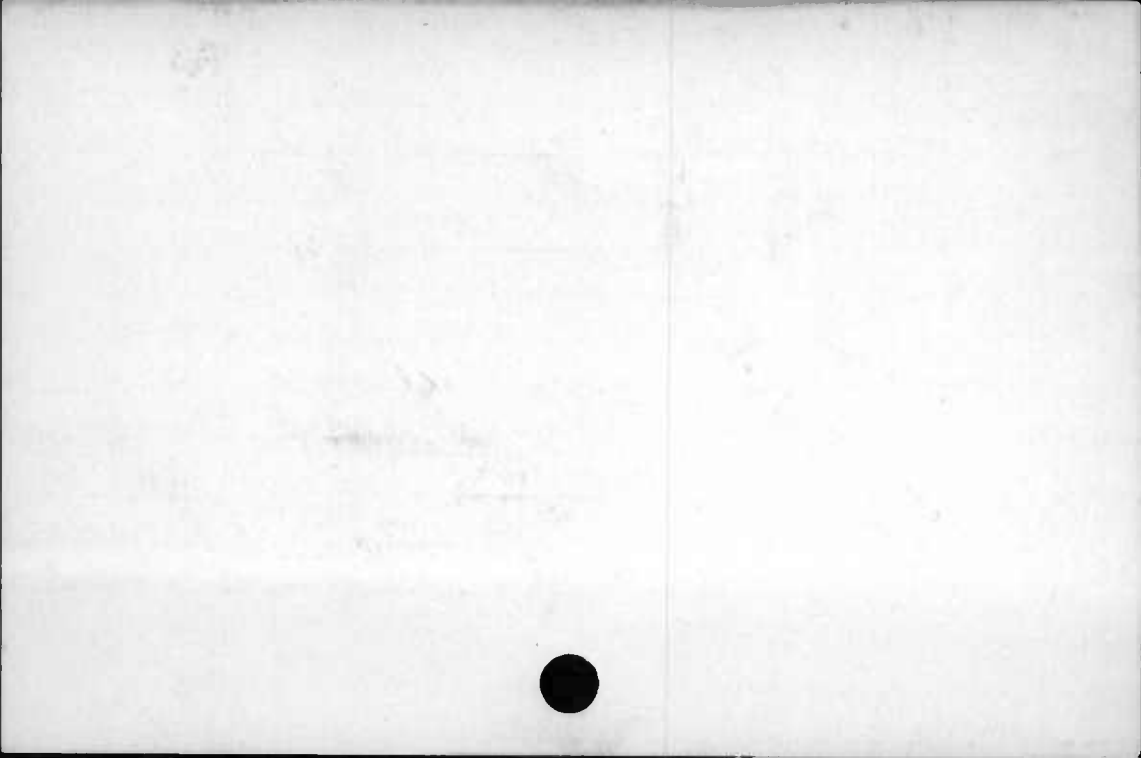
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fullerton</i> Town <i>Balti</i> County		MARYLAND	
Date of death <i>1906</i> Month <i>May</i> Day <i>31st</i> Age <i>1</i> Years Months <i>27</i> Days	Sex <i>female</i> Color or Race <i>white</i> Birth-place <i>Balti Co</i>		
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	<i>Fanny Ritter</i>		Father's Birthplace
Mother's Maiden Name	<i>Annice Seals-</i>		Mother's Birthplace
Name of person giving information	<i>Frank Lassarhu</i>		How related to deceased <i>none</i>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Measles, &amp; Whooping Cough</i>	How long <i>2 weeks</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. D. Toss</i>
	Address <i>Gardenville Md</i>
Accident or Suicide?	



Name  
in  
Full

Annie E. Reynolds

## CERTIFICATE OF DEATH

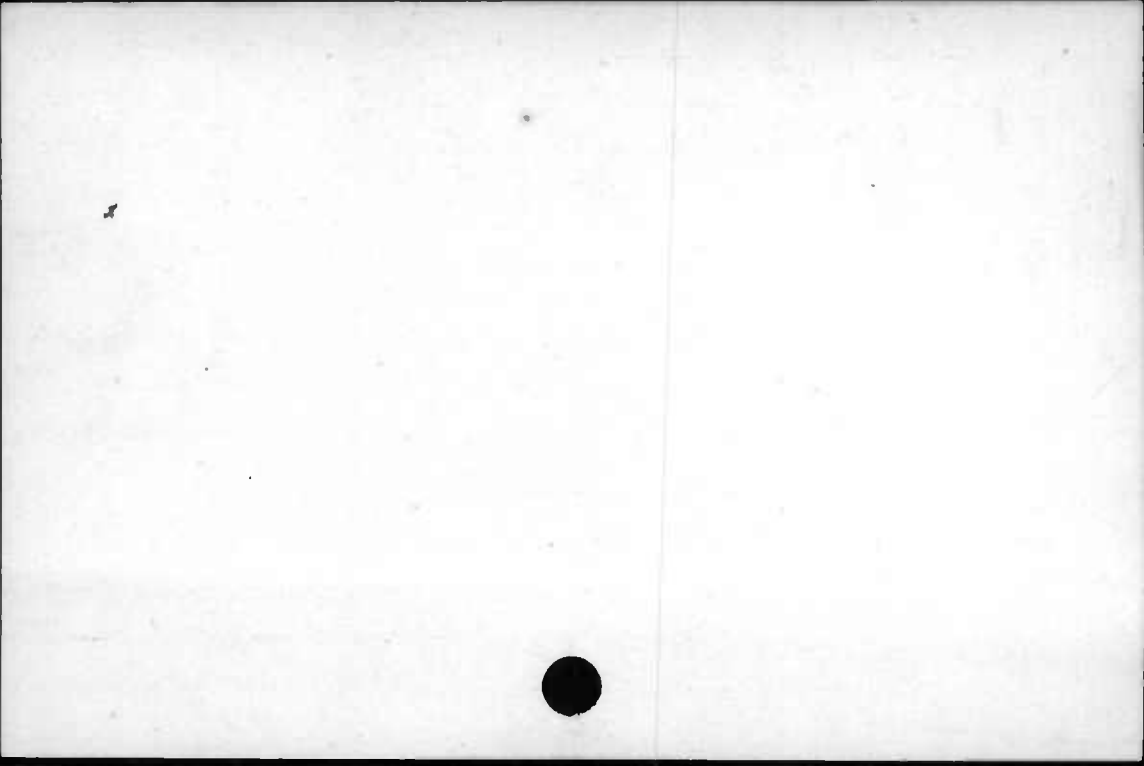
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fork</i> Town		<i>Balls</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>31</i>	Years <i>82</i>	Months <i>9</i>	Days <i>12</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Virginia</i>		
Occupation <i>house wife</i>	Where Residing if not at place of death <input checked="" type="checkbox"/>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Thos Reynolds</i>				
Father's Name <i>Williamson Webb</i>	Father's Birthplace <i>Virginia</i>				
Mother's Maiden Name <i>Annie Webb</i>	Mother's Birthplace <i>Va</i>				
Name of person giving information <i>Sarah Banks</i>	How related to deceased <i>Daughter</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cancer</i>	<i>(45)</i>	How long <i>5-0 years</i>
Immediate <i>11</i>		How long <i>5 years</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Las. F. H. Gorman</i>	
	Address <i>Fork Md.</i>	
Accident or Suicide? <input type="checkbox"/>		



Name  
in  
Full

Stanley Calvin Rosier

## CERTIFICATE OF DEATH

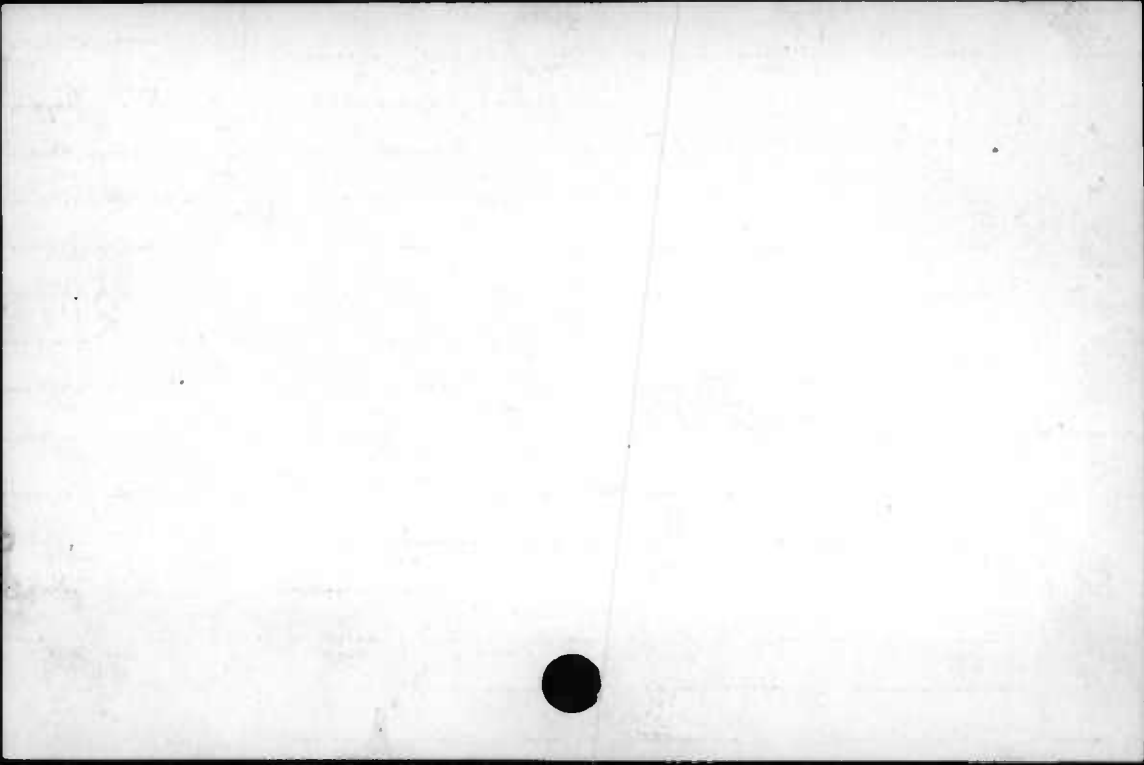
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bentley's</u>		Town <u>Balto</u>		County <u>Balto</u>		MARYLAND	
Date of death	1906	Month	May	Day	15	Age	9
						Years	5
Sex	Male	Color or Race	White	Birth-place		Stablersville	
Occupation				Where Residing If not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Measles	How long	6 days
Immediate	Meningitis	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Address		
	Parkton		
	Md		
Accident or Suicide?			



Name  
in  
Full

Bertram G. Rowe

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Govanstown</i>			County <i>Baltimore</i>			MARYLAND	
Date of death	1906	Month	May	Day	18	Years	23
Sex		male		Color or Race		white	
Occupation		carpenter		Birth-place		Ithaca, N.Y.	
Where Residing if not at place of death		—					
Married, Single or Widowed		married		Name of Wife or Husband <i>Billie M. Rowe</i>			
Father's Name		<i>Charles Rowe</i>				Father's Birthplace <i>Albany N.Y.</i>	
Mother's Maiden Name		<i>May Holland</i>				Mother's Birthplace <i>Berkshire N.Y.</i>	
Name of person giving information		<i>Charles Rowe</i>				How related to deceased <i>Father</i>	

## CAUSES OF DEATH

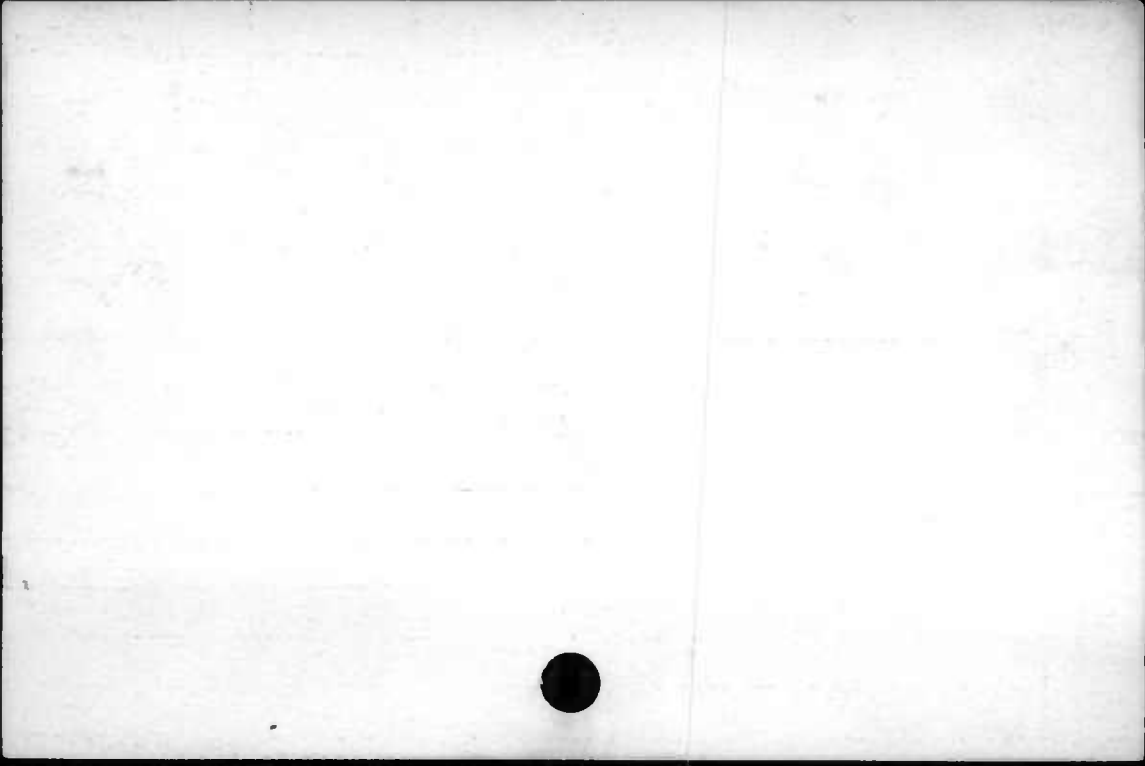
PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis (General)</i>	How long	<i>One Year</i>
Immediate	<i>Anaemia</i>	How long	<i>4 weeks.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. C. Weiss MD</i>	
yes		Address <i>Sta. H. G. Evans / Balto, Md.</i>	
Accident or Suicide?		<i>natural</i>	

Presbyterian  
Care

May 21/06  
Wm. C. Witt

Name in Full		William Rutledge				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <sup>Town</sup> Trumps.		<sup>County</sup> Baltimore		MARYLAND	
		Date of death 1906		Month May		Day 13	
		Age 78		Years 78		Months 1	
		Sex Male		Color or Race White		Birth-place Maryland	
		Occupation Ex. Justice of the Peace		Where Residing if not at place of death			
		Married, Single or Widowed Widowed		Name of Wife or Husband Eliza Silk			
		Father's Name Jehu Rutledge		Father's Birthplace Maryland			
Mother's Maiden Name Priscilla Fitzpatrick		Mother's Birthplace Maryland					
Name of person giving information Jehu Rutledge		How related to deceased Son.					
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary Hemiplegia		(64)		How long 5 years	
		Immediate Hemiplegic (second stroke)				How long 2 days	
		Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician W. Willard Stirling M.D.			
				Address Shave,			
				Md.			
Accident or Suicide?							



# CERTIFICATE OF DEATH

MARYLAND

Died at *Canton* Town

County  
Baltimore

Date of death	1906	Month May
------------------	------	--------------

17 Day

Age 32

Months

Days

Sex *Male*

Color or Race

White

Birth-  
place

Balto. Md.

Occupation

Labour

Where Residing if not  
at place of death

Married, Single  
or Widowed

binge

Name of Wife or Husband

Father's  
Name

William Schofer

Father's Birthplace

Germany

Mother's  
Maiden Name

Margaret Heubacher

Mother's Birthplace

German

Name of person giving  
In formation

Margaret Schaefer

How related  
to deceased

Mother

### CAUSES OF DEATH

Primary

Tuberculosis

How long

Conno

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

of *H. Warner*  
Address *1120 Highland*

### Accident or Suicide?

Sacred Heart Cemetery

May 19<sup>th</sup> 1906

Germanus Franke

Underlain

Name  
in  
Full

Henrietta Seibert

## CERTIFICATE OF DEATH

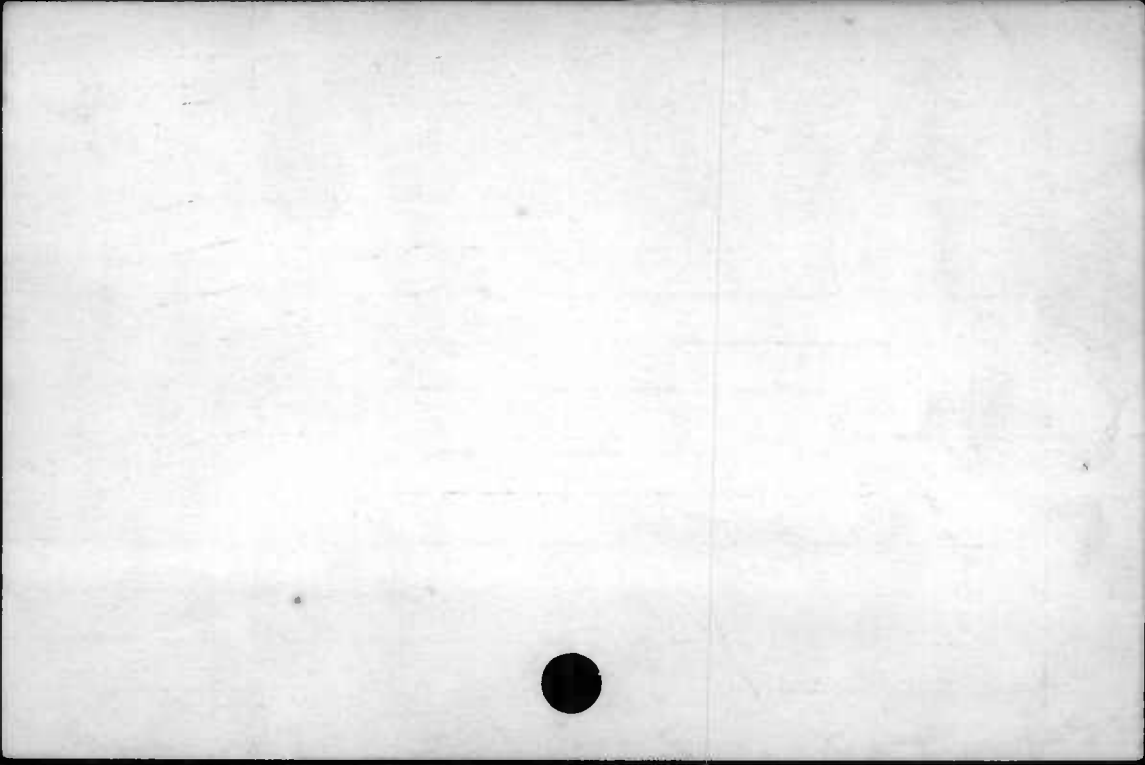
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Canton</i>		County <i>Balto.</i>		MARYLAND	
Date of death	190 <i>6</i>	Month <i>May</i>	Day <i>23</i>	Age <i>39</i>	Years	Months <i>8</i>	Days <i>5</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>MA.</i>
Occupation	<i>—</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Fredrick Seibert</i>			
Father's Name	<i>Emad Gehard</i>				Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>Mollie Kerman</i>				Mother's Birthplace	<i>"</i>	
Name of person giving information	<i>Fred. Seibert</i>				How related to deceased	<i>husband</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>(16)</i>
Immediate	<i>Paralysis</i>	How long	<i>2 days.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. Edwards Smith M.D.</i>
		Address	<i>578 Hammer St.</i>
Accident or Suicide?			



Name  
in  
Full

Adelaide Seiler

## CERTIFICATE OF DEATH

MARYLAND

Died at Calonsville Town Bell County

Date of death 1906 May Month 13 Day 27 Years 2 Months 20 Days

Sex Female Color or Race White Birthplace Germany

Occupation Housewife Where Residing if not at place of death

Married, Single or ~~Widowed~~ Name of Wife or Husband Henry M Seiler

Father's Name Not known Father's Birthplace

Mother's Maiden Name " " Mother's Birthplace

Name of person giving information Henry M Seiler How related to deceased Husband

## CAUSES OF DEATH

Primary Pulmonary Tuberculosis How long 6 months

Exhaustion How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

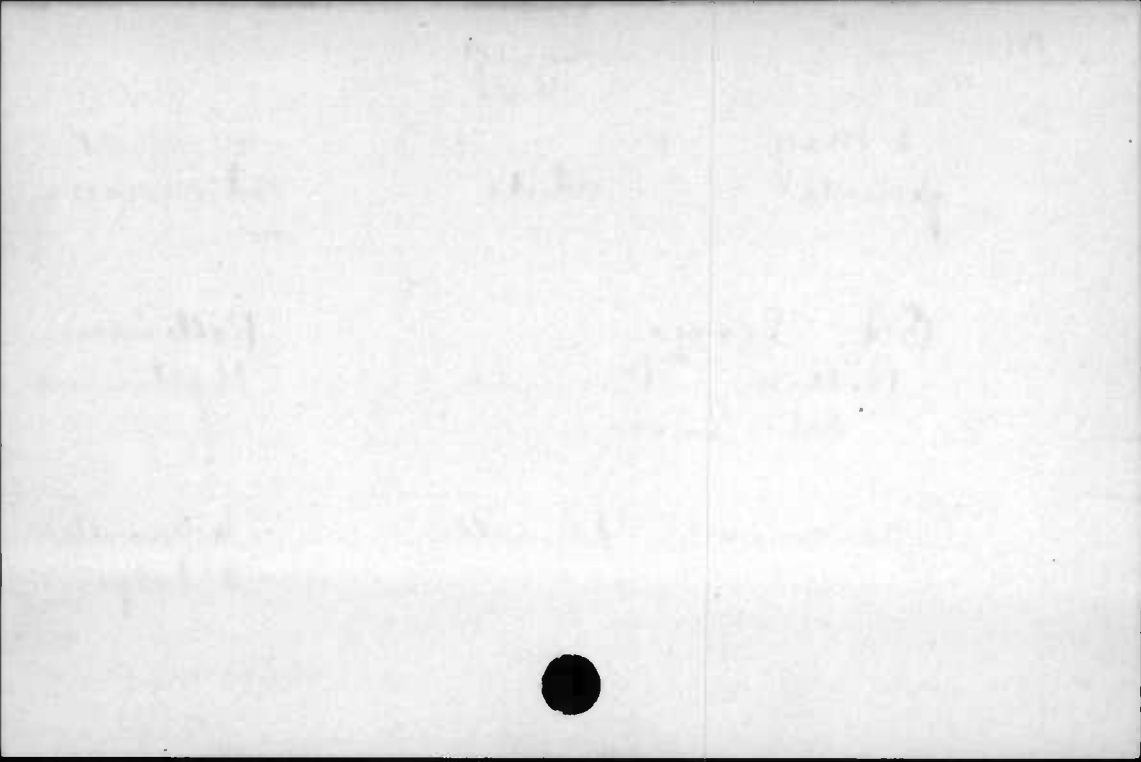
Address

R. C. L. Matfield

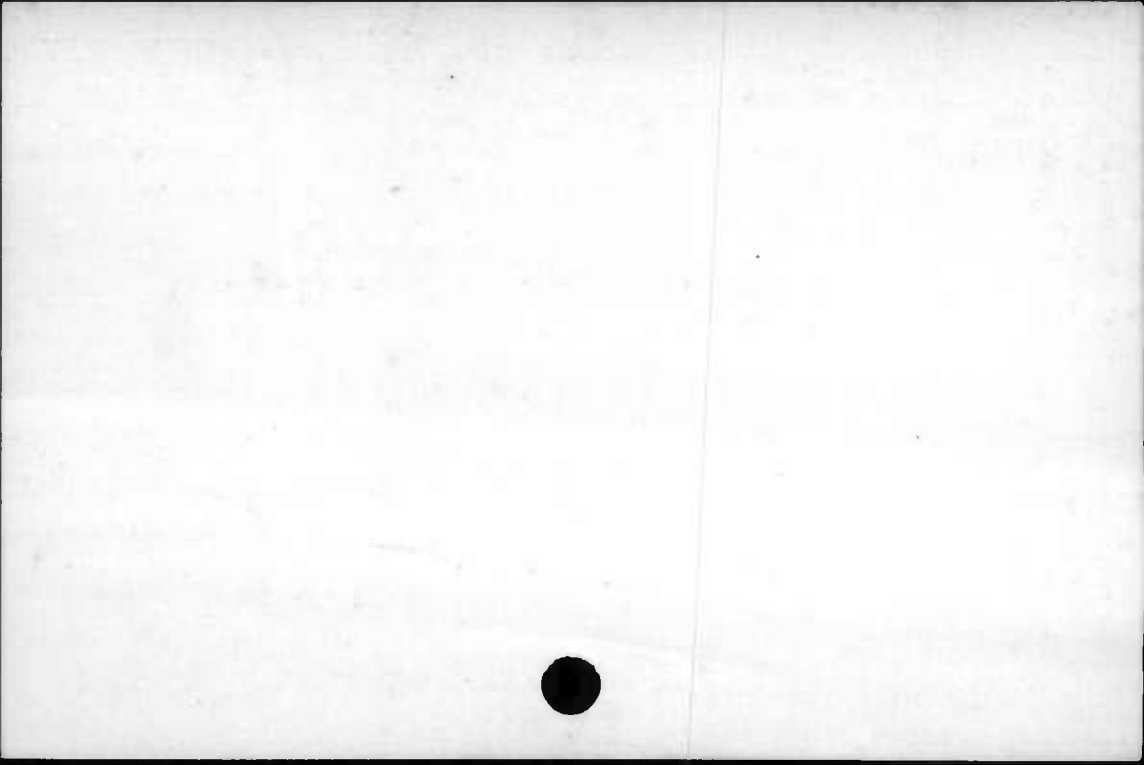
Calonsville Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full		Selby, Leah				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Keokuk		County Pulaski		MARYLAND	
	Date of death	1906	Month May	Day 27	Age 68	Months	Days
	Sex	Female		Color of Race	Coca		
	Occupation	Domestic			Birthplace	Maryland	
				Where Residing if not at place of death <input checked="" type="checkbox"/>			
	Married, Single or Widowed	Indivica		Name of Wife or Husband	<input checked="" type="checkbox"/>		
	Father's Name	<input checked="" type="checkbox"/>			Father's Birthplace	<input checked="" type="checkbox"/>	
PHYSICIAN OR CORONER	Mother's Maiden Name	<input checked="" type="checkbox"/>			Mother's Birthplace	<input checked="" type="checkbox"/>	
	Name of person giving information	<input checked="" type="checkbox"/>			How related to deceased	<input checked="" type="checkbox"/>	
	CAUSES OF DEATH						
	Primary	Dementia				How long	20 yrs.
Immediate	Chronic Interstitial Nephritis				How long	3 mos.	
PHYSICIAN OR CORONER	Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician	J. H. Rude	
					Address	Keokuk, Ind.	
	Accident or Suicide?		No.				



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Maggie M. Severe

Town

Baltimore

County

Balt.

MARYLAND

Died at

Date

1906 May

Month

Day

1

Years

Age

1

Months

0

Days

1

Sex

female

Color or  
Race

white

Birth-  
place

Baltimore

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Ed Severe

Father's  
Birthplace

Baltimore

Mother's  
Maiden Name

Nettie Franklin

Mother's  
Birthplace

Baltimore

Name of person giving  
information

Ed Severe

How related  
to deceased

father

## CAUSES OF DEATH

Primary

Cancerous Growth

How long

6 months

Immediate

Complications

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

B. L. Lamm

Address

Baltimore

Accident or Suicide?

Trunk undisturbed.

Dec. 25 120 400

Baltimore cemetery co.

Name in Full		Mrs Elizabeth Schall				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Eudowood Hospital		County		Baltimore
			Town				MARYLAND
	Date of death	1906	Month	May	Day	18	Age
					Years	22	Months
							Days
	Sex	female		Color or Race	white		Birth-place
							Balto.
Occupation		Sewing		Where Residing if not at place of death			
Married, Single or Widowed		widow		Name of Wife or Husband		W. H. Schall	
Father's Name		—		Father's Birthplace			
Mother's Maiden Name		—		Mother's Birthplace			
Name of person giving information		Miss Macginnis		How related to deceased		none	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Pulmonary Tuberculosis			How long	
						about one year	
	Immediate		Exhaustion			How long	
						five weeks	
	Are the name, age, sex, color, date and place correctly given above?		yes			Signature of Physician	
					Address		
					20 Janet Louson, Md		
Accident or Suicide?		no					

C. A. McComick  
B 1729 W Lombard St.

Removal to  
2621 Legman St  
City

Name in Full		John C Shinkle				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Highlandtown		Baltimore		County		
							MARYLAND	
	Date of death	1906	May	6	Age	34	Months	Days
	Sex	Male		Color or Race	White		Birth-place	Kentucky
	Occupation	Veneer Cutter		Where Residing <del>if not at place of death</del>		220 Pratt St Highlandtown		
	Married, Single or Widowed	Married		Name of Wife or Husband		Nellie E Shinkle		
	Father's Name	Henry C Shinkle				Father's Birthplace	Ohio	
	Mother's Maiden Name	Katharine Poe				Mother's Birthplace	Kentucky	
Name of person giving Information	Charles A Shinkle				How related to deceased	Bro		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Endocarditis			(79)	How long	2 mos	
	Immediate	Exhaustion				How long	1 week	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Gas. L. Treas. M.D.	
			No		Address		3 and 1/2 South Highlandtown	
	Accident or Suicide?		No					

H. E. Hughes  
179 Broadway

Interment in Oak Lawn

Name

is  
FullCharles. E Shipley <sup>Baltimore</sup>  
<sup>Town</sup> Ellicott City <sup>County</sup> Howard

## CERTIFICATE OF DEATH

MARYLAND

Died at

Date

1906

Month

May

Day

4

Age

Years

54

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Mill hand

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Alice A. Elgin

Father's  
Name

Thomas N. Shipley

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Cordelia Buckingham

Mother's  
Birthplace

Maryland

Name of person giving  
information

Alice A. Shipley

How related  
to deceased

wife

## CAUSES OF DEATH

Primary

Crushing of liver &amp; heart due to

How long

one week

Immediate

Arteriosclerosis

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

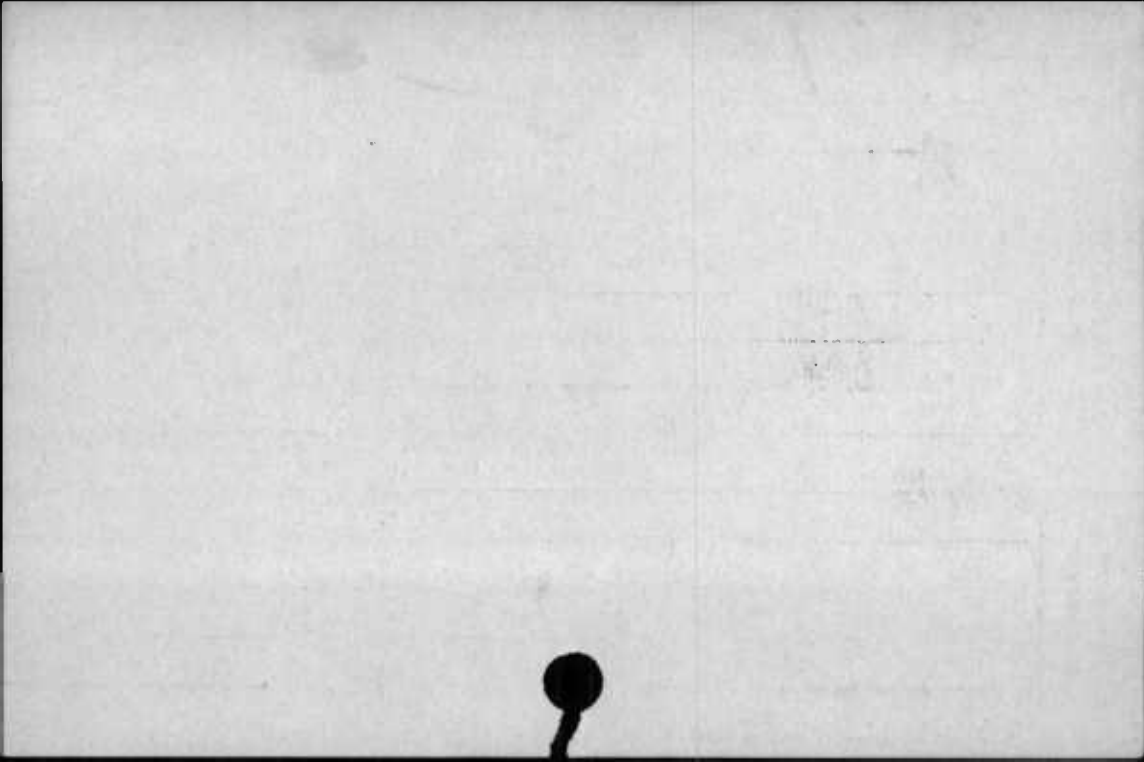
J. M. B. Howard

Address

Ellicott City, Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

William A. Blade

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Register Town</i>		<i>Baltimore</i>		Maryland	
Date of death 190 <i>6</i>	Month <i>May</i>	Day <i>12</i>	Age <i>75</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore Co</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Electric Supervisor</i>				
Name of Wife or Husband <i>Belinda T. Blade</i>					
Father's Name <i>Levi A. Blade</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Anna Feller</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Belinda T. Blade</i>			How related to deceased <i>Wife</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Gastritis</i>	How long <i>20 yrs.</i>
Immediate <i>Pulmonary Tuberculosis</i>	How long <i>6 mos.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. M. Seade</i>
	Address <i>Register Town Ind</i>
Accident or Suicide?	



Name  
in  
Full

Bridget Slattery

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St Hope Retreat</i>		County <i>Balto Co</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>22<sup>nd</sup></i>	Years <i>67</i>	Months <i>unknown</i>	Days <i>unknown</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ireland -</i>	
Occupation <i>Domestic</i>		Where Residing if not at place of death <i>Balto Md</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>unknown</i>	Father's Birthplace <i>unknown</i>				
Mother's Maiden Name <i>"</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Reeds Mt Hope Retreat</i>				How related to deceased <i>not at all -</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Melancholia Chron -</i>	How long <i>over 18 yrs -</i>
Immediate <i>Suddenly from Cardiac Paralysis -</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yrs</i>	Signature of Physician <i>F. J. Flannery M.D.</i>
	Address <i>Mt Hope Retreat -</i>
Accident or Suicide?	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1906		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

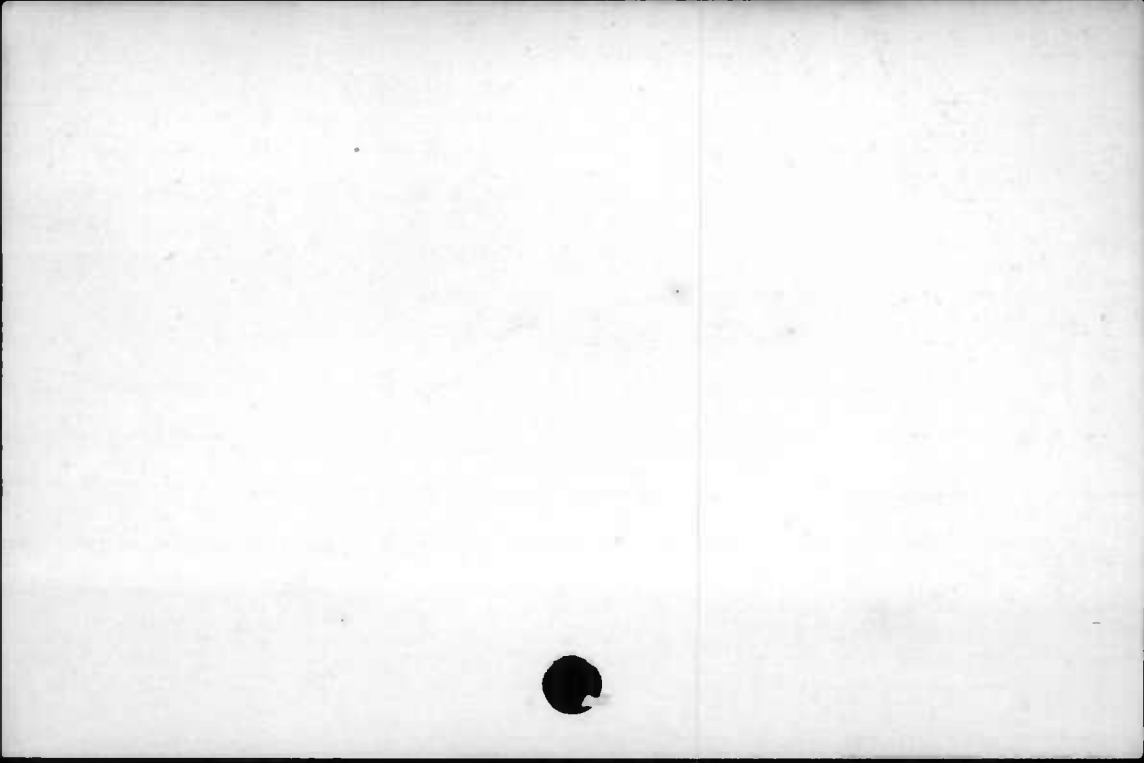
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	

Wholes Fine  
Cedar Hill  
G. G. Co.

Name in Full		(Staniford) Martha				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Catonville		County Batts.		MARYLAND
	Date of death		1906	Month May	Day 30	Age 76	Months Days
	Sex		Female		Color or Race white		Birth-place Maryland
	Occupation		None		Where Residing if not at place of death ✓		
	Married, Single or Widowed		Married		Name of Wife or Husband X		
	Father's Name		✓		Father's Birthplace X		
	Mother's Maiden Name		✓		Mother's Birthplace X		
	Name of person giving information		X		How related to deceased X		
(92)							
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Organic Dementia				How long 7 yrs.
	Immediate		Pneumo. Pneumonia				How long 3 days.
	Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician Percy Wade		
	Accident or Suicide?		No.		Address Catonville, Ind.		



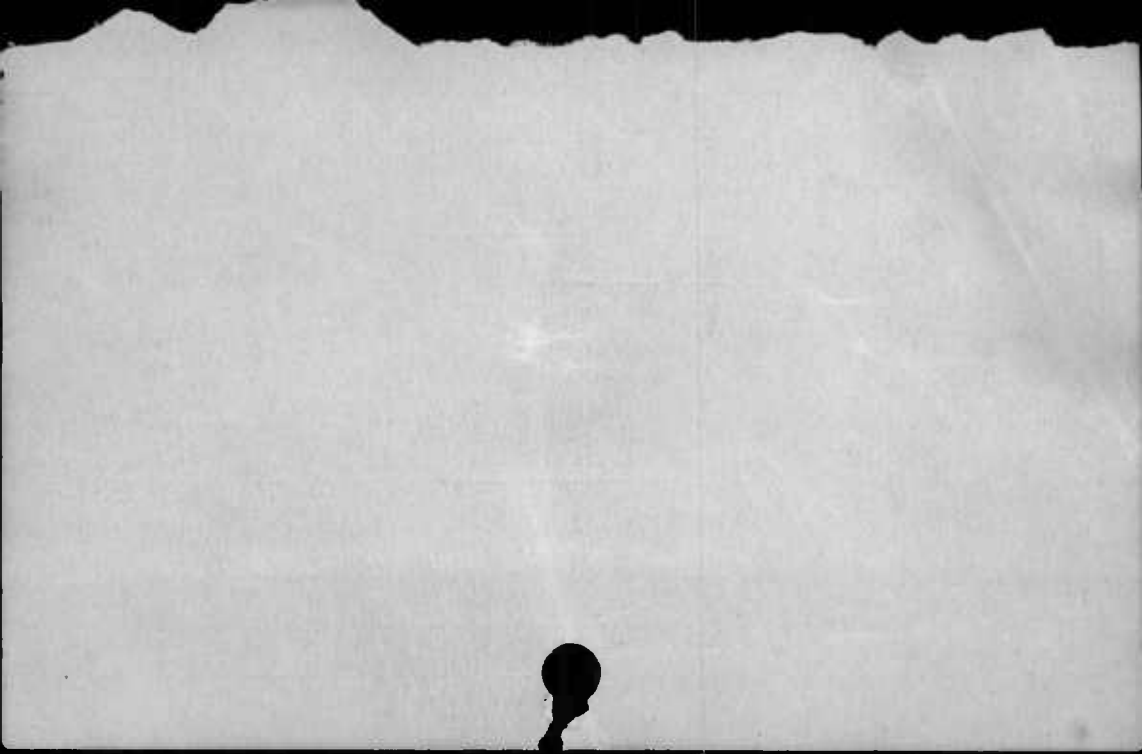
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Reisterstown</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1906	Month <i>May</i>	Day <i>27</i>	Years <i>75</i>	Months <i>10</i>	Days <i>12</i>	
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Maryland</i>
Occupation	<i>Real Estate Broker</i>			Where Residing if not at place of death			<i>126 Church St. Balt</i>
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Barah J. Stockdale</i>			
Father's Name	<i>Jesse Stockdale</i>				Father's Birthplace	<i>Ind</i>	
Mother's Maiden Name	<i>Mariah Benson</i>				Mother's Birthplace	<i>Pa</i>	
Name of person giving information	<i>Nicodem B. Stockdale</i>				How related to deceased	<i>Born</i>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Central Hemiplegia</i>		How long	<i>24 hours</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>H. M. Seader</i>	
		Address	<i>Reisterstown Ind.</i>	
Accident or Suicide?				



Name  
in  
Full

## CERTIFICATE OF DEATH

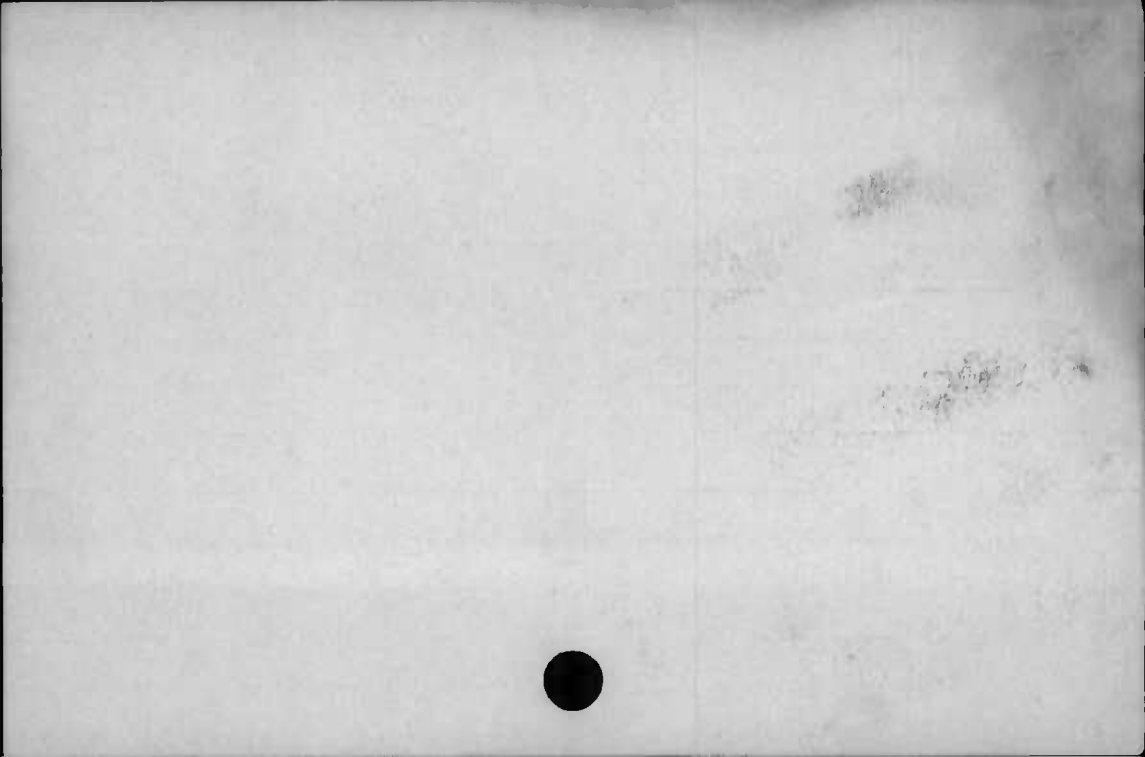
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Pennings</i>		County <i>Waco</i>		MARYLAND	
Date of death	1906	Month <i>May</i>	Day <i>15</i>	Age	Years	Months <i>4 mos</i>	Days <i>—</i>
Sex	<i>Male</i>		Color or Race	<i>Col -</i>		Birth-place	<i>Ind</i>
Occupation	<i>—</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			<i>James Staten</i>			Father's Birthplace <i>Ind</i>	
Mother's Maiden Name			<i>—</i>			Mother's Birthplace	
Name of person giving information			<i>Mary Staten</i>			How related to deceased <i>Mother</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Bronch - Pneumonia</i>	How long	<i>3 weeks</i>
Immediate	<i>Chlamydia</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>—</i>	
		Address <i>Rossview</i>	
Accident or Suicide?		<i>—</i>	



Name  
in  
Full

Katie Strow

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Texas Town

Baltimore County

Date of death 1906 5

Day 14

Age 21 Years

Months 10

Days

Sex female

Color or Race white

Birthplace Texas Md

Occupation Housewife

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband Wm Strow

Father's Name Thos. C. Thompson

Father's Birthplace Pa.

Mother's Maiden Name Marion Knapp

Mother's Birthplace Pa.

Name of person giving information

How related to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Had expired before I arrived

How long

Immediate I infer she had acute indigestion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Thos. C. Bussary

Address

Texas Md.

Accident or Suicide?

Funeral at Jertuk  
May 16 "10"

Please return permits

W. C. Brooks

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> *Leatonsville* <sup>County</sup> *Pocahontas*Date of death **1906** <sup>Month</sup> *May* <sup>Day</sup> *2* <sup>Years</sup> *28* <sup>Months</sup>  <sup>Days</sup> Sex *Male* Color or Race *white* Birth-place *Maryland*Occupation *None* Where Residing if not at place of death *X*Married, Single or Widowed *Single* Name of Wife or Husband *X*Father's Name *Harison Swift*Father's Birthplace *Maryland*Mother's Maiden Name *X*Mother's Birthplace *X*Name of person giving information *X*How related to deceased *X*

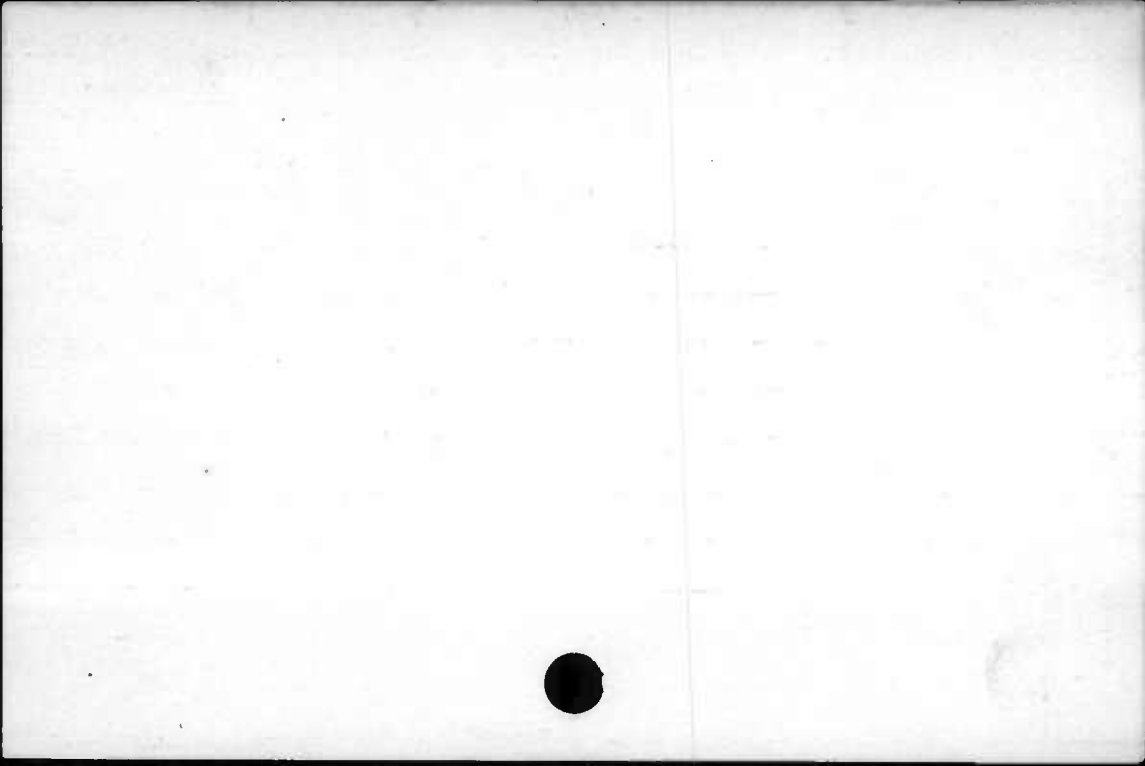
## CAUSES OF DEATH

Primary *Dementia*How long *10 yrs.*Immediate *Acute Infection following Pringle's abscess*How long Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

*Gray Wade*  
*Leatonsville, Md.*Accident or Suicide? *No*



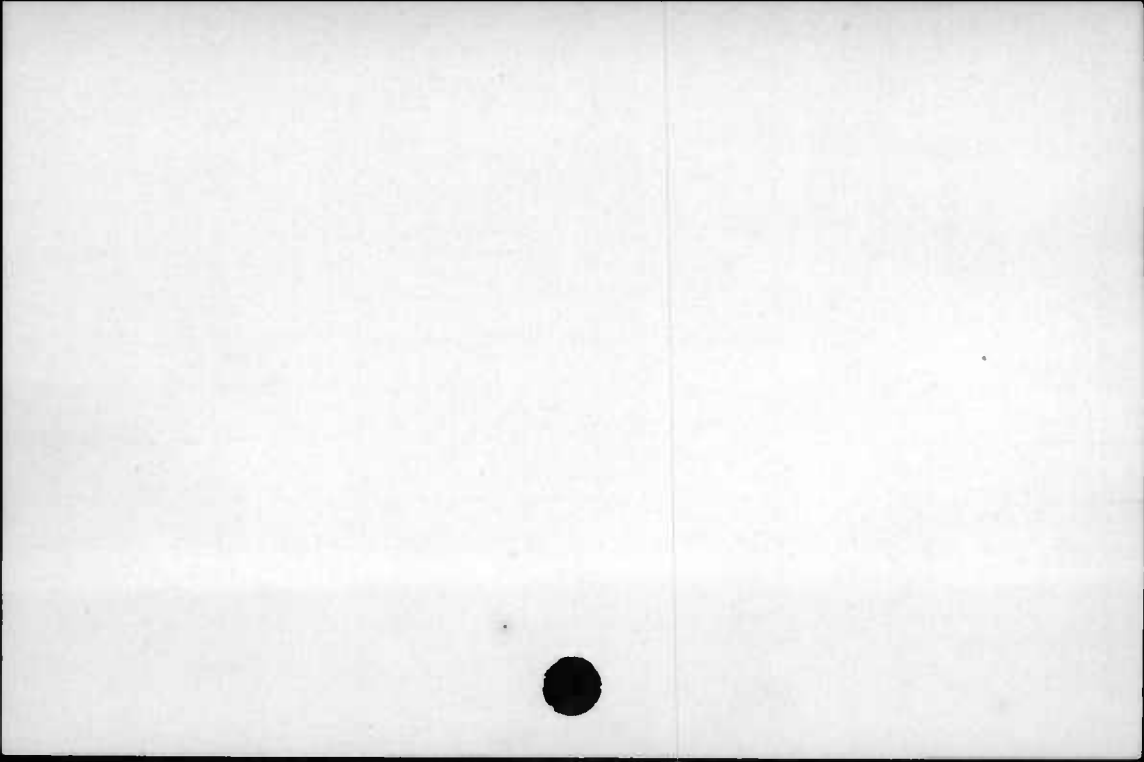
Name  
in  
FullMale Infant of Elizabeth Johnson <sup>named</sup> Thomas

## CERTIFICATE OF DEATH

Died at <u>Calonsville</u> <sup>Town</sup>		<u>Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death	1906	Month	May	Day	26
Age		Years	—	Months	—
Sex		Male	Color or Race	Cold	Birth-place
Occupation		—			
Where Residing If not at place of death		—			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Not known		Father's Birthplace	
Mother's Maiden Name		Elizabeth Johnson		Mother's Birthplace	
Name of person giving information		Allen Thomas		How related to deceased	
				none	

## CAUSES OF DEATH

Primary	Premature Birth	How long	(151)
Immediate	Asphyxia	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Dr. C. L. Maffei H.D.	
		Address	
		Calonsville Md	
Accident or Suicide?			



Name  
in  
Full

George A. Thompson

## CERTIFICATE OF DEATH

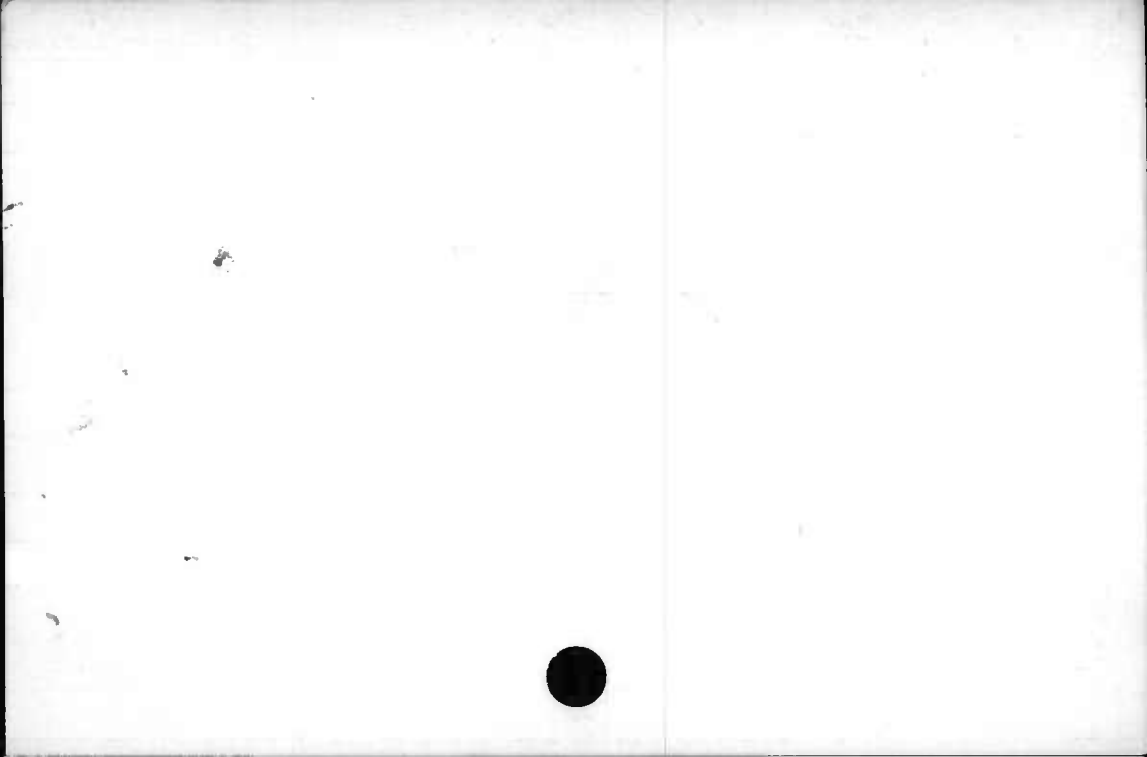
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Middle River</u> <sup>Town</sup>		<u>Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>6</u>	Month <u>May</u>	Day <u>31</u>	Age <u>7</u> Years	Months <u>1</u>	Days <u>13</u>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>md</u>		
Married, Single or Widowed <u>—</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Chas Thompson</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Lelia Papp</u>			Mother's Birthplace <u>md</u>		
Name of person giving information <u>Chas Thompson</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Diphtheria</u>	(9)	How long <u>4 days</u>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>John W. Hadden md</u>	
	Address <u>Middle River Md.</u>	
Accident or Suicide? <u>no</u>		



Name  
in  
Full

Catherine D. Thon

CERTIFICATE OF DEATH

Highlandtown

County Balto.

MARYLAND

Died at

Date

of death 1906

Month

5

Day

14

Age

Years

1

Months

1

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Highlandtown

Occupation

☒

none

Where Residing If not  
at place of death

#702 N. Clinton St.

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Chas. Berl

Father's  
Birthplace

Balto.

Mother's  
Maiden Name

Theresa Thon

Mother's  
Birthplace

Balto.

Name of person giving  
information

Theresa Thon

How related  
to deceased

Mother

TO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

Primary

Pertussis

(4)

How long

6 Weeks

Immediate

Meningitis

How long

2 Weeks

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

Dr. J. A. Glantz

Address

41 Eastern Ave. Bk.

PHYSICIAN  
OR CORONER

Accident or Suicide?

John Herwig & Son

Sacret Heart Cem.

5 / 16 / 06

Name  
in  
Full


## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Highlandtown</u> <sup>Town</sup>		<u>Baltimore</u> <sup>County</sup>		MARYLAND		
Date of death	<u>1906</u> <sup>Year</sup>	<u>May</u> <sup>Month</sup>	<u>9</u> <sup>Day</sup>	Age <u>64</u> <sup>Years</sup>	<u>7</u> <sup>Months</sup>	<u>20</u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place			
Occupation <u>Housework</u>	Where Residing if not at place of death <u>1135 Highland Ave.</u>					
Married, <del>Single</del> <u>Married</u> or <del>Widowed</del>	Name of <del>Wife</del> or Husband <u>John Todd</u>		Father's Birthplace			
Father's Name <u>Ebenezer Stewart</u>			Mother's Birthplace			
Mother's Maiden Name <u>Mary Edwards</u>			How related to deceased <u>Son</u>			
Name of person giving Information <u>John R. Todd</u>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Pneumonia</u>	(93)	How long <u>1 week</u>
Immediate <u>Asthenia</u>		How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>G. C. Friess M.D.</u>	Address <u>1135 Highland Ave.</u>
		
Accident or Suicide? <u>—</u>		

Interment at North Point  
for Thomas Todd Farr

H. O. Hughes  
undertaken

Name  
In Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John Jonske*  
Died at *North Point* *Baltimore* County  
Date of death *1906* Month *May* Day *26<sup>th</sup>* Age *8* Years Months Days  
Sex *Male* Color or Race *White* Birth-place *Bald Co.*  
Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_  
Married, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_  
Father's Name *Andrew Jonske* Father's Birthplace *Europe*  
Mother's Maiden Name *Rosa Jonske* Mother's Birthplace *Europe*  
Name of person giving information *Andrew Jonske* How related to deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Convulsions* How long *1 day*  
Immediate *Exhaustion* How long *1 day*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

M F. Sadoun K. Underaker

To Holy Rosary Cem.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Catharine L. Lounsbury

MARYLAND

Died at <sup>Town</sup> Highlandtown <sup>County</sup> Balto..Date of death 1906 <sup>Month</sup> May <sup>Day</sup> 7 <sup>Age</sup> 36 <sup>Years</sup>

Months Days

Sex Female Color or Race white Birthplace Balto. Co.,

Occupation Housewife Where Residing if not at place of death

Married, ~~Single~~  
or ~~Widowed~~Name of Wife or  
Husband

James A. Lounsbury

Father's Name John M. Bevern

Father's  
Birthplace

Mother's Maiden Name Susan P. Bevern

Mother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary Typhoid Pneumonia

How long 3 weeks

Immediate Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

J. S. Warner M.D.  
1120 Highland av.

Accident or Suicide?

no

Christian Miller  
2336 Jefferson St.  
Oakland Cemetery

Name  
in  
Full

## CERTIFICATE OF DEATH

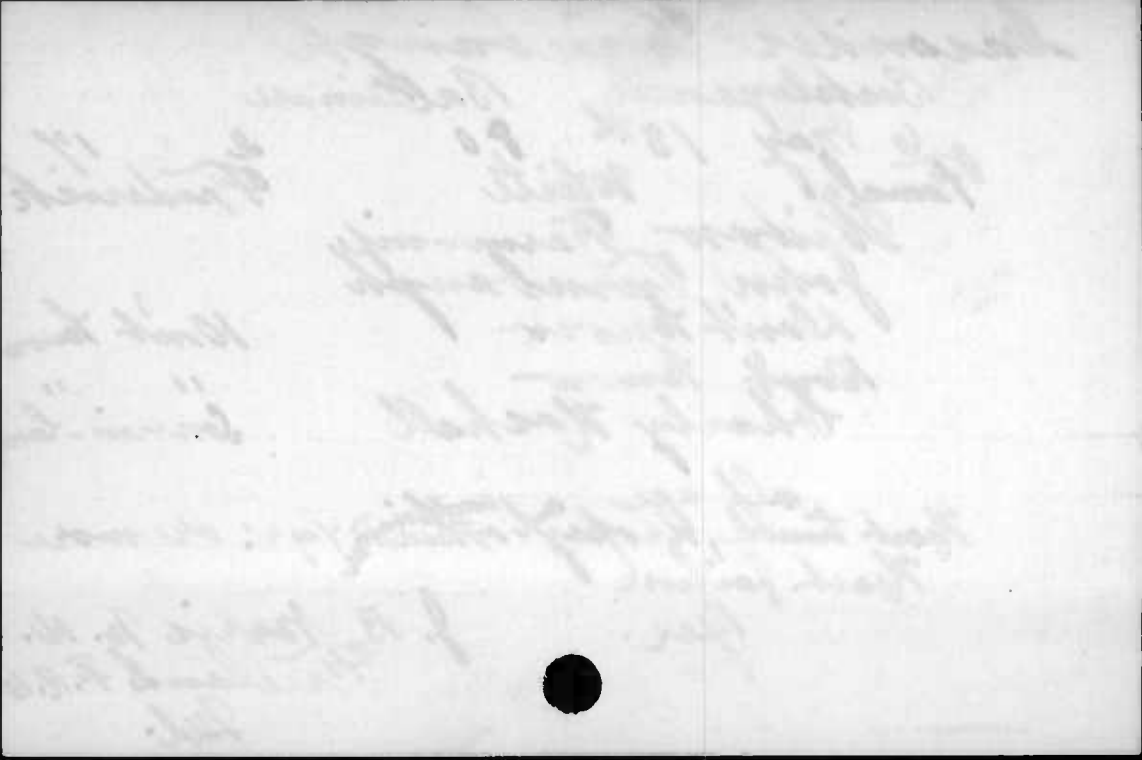
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>May Elizabeth Inel</i>		Town <i>Catonsville</i>		County <i>Baltimore</i>		STATE <i>MARYLAND</i>			
Died at		Date of death		Age		Months		Days	
		<i>1906 May 23</i>		<i>23</i>				<i>1</i>	
Sex <i>Female</i>		Color or Race <i>W</i>		Birth-place <i>Catonsville</i>					
Occupation				Where Residing if not at place of death					
Married, Single or Widowed				Name of Wife or Husband					
Father's Name <i>Peter Inel</i>				Father's Birthplace <i>Howard Co</i>					
Mother's Maiden Name <i>Susan B Eskey</i>				Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Peter Inel</i>				How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cardiac Asthenia</i>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr L Malfeldt</i>	
		Address <i>Catonsville Md.</i>	
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

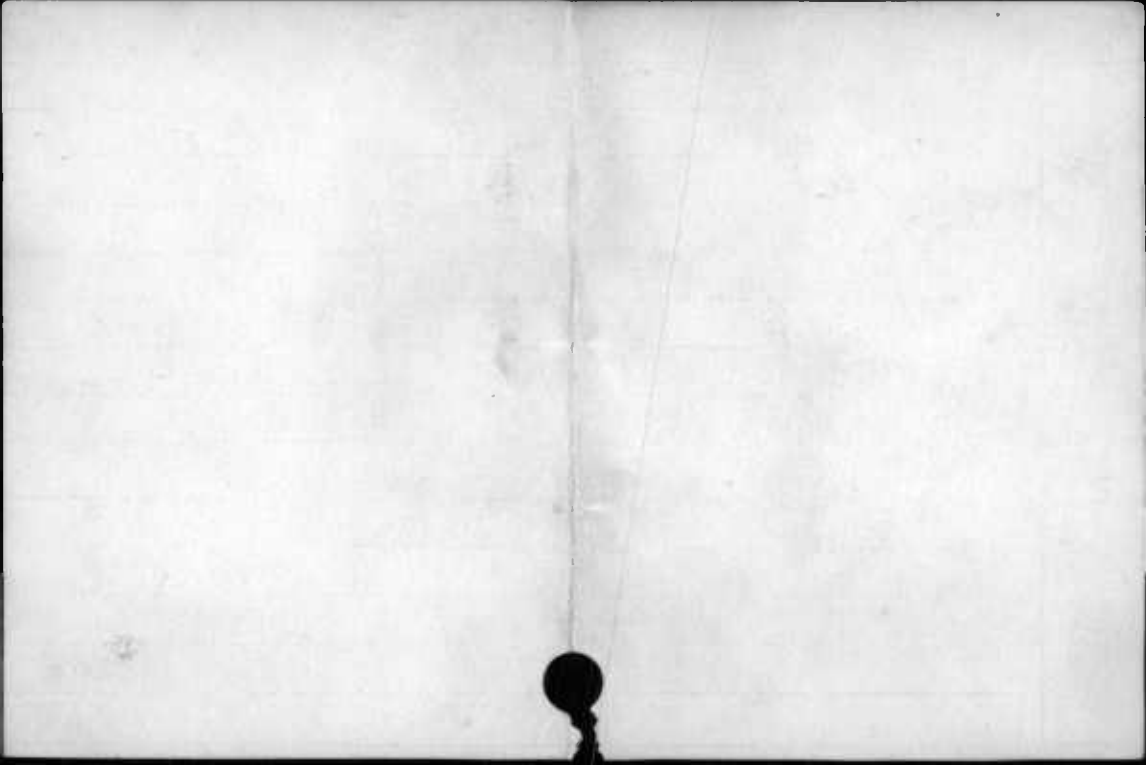
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Beckleyville</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>May</i>	Day <i>13<sup>th</sup></i>	Age <i>80</i> Years	Months <i>2</i>	Days <i>17</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Fredrick</i>		
Married, Single or Widowed <i>Widow</i>		Occupation <i>Farm-wif</i>			
Name of Wife or Husband <i>John Turnbaugh</i>					
Father's Name <i>Don't know</i>		Father's Birthplace <i>Don't know</i>			
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Charley Hochell</i>		How related to deceased <i>Son-in-law</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>all see</i> <i>Heart trouble, dropsy &amp; other</i>	How long <i>1 yr. or more</i>
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. B. Harris M. D.</i>
	Address <i>Freeland F.R. 10 Md.</i>
<i>Accident or Suicide?</i>	



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Canton</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	<i>May</i> <sup>Month</sup>	<i>21</i> <sup>Day</sup>	Age <i>1</i> <sup>Years</sup>	<i>1</i> <sup>Months</sup>	<i>3</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balti. Co.</i>		
Occupation <i>None</i>			Where Residing If not at place of death <i>_____</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>_____</i>			
Father's Name <i>John Wagner</i>			Father's Birthplace <i>Baltimore</i>		
Mother's Maiden Name <i>Mary Dunn</i>			Mother's Birthplace <i>Baltimore</i>		
Name of person giving information <i>John Wagner</i>			How related to deceased <i>Father.</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	179	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>P. A. Dunningan</i>
		Address <i>J. P.</i>
Accident or Suicide? <i>Natural Causes</i>		

Mt Carmel Cemetery

H. Sanders & Son.

Name  
is  
Full

Annie C. Ward

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Leve Oaks near Owings' Mills</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month <i>May</i>	Day <i>29</i>	Age <i>73</i>	Years	Months <i>8</i>	Days <i>12</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>				
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>William Joseph Ward</i>					
Father's Name <i>George Warner Jr.</i>		Father's Birthplace <i>Baltimore Md.</i>					
Mother's Maiden Name <i>Caroline M. Gadden</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>George Ward</i>		<i>(40)</i>		How related to deceased <i>Step-son</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cancer of Liver</i>	How long <i>about two</i>
Immediate	<i>Congestion of lungs</i>	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>W. H. Campbell</i>
		Address <i>Owings' Mills Md.</i>
Accident or Suicide?		

E. D. Selby  
St Thomas -

Name

in  
Full

Charles Snowden Watts

## CERTIFICATE OF DEATH

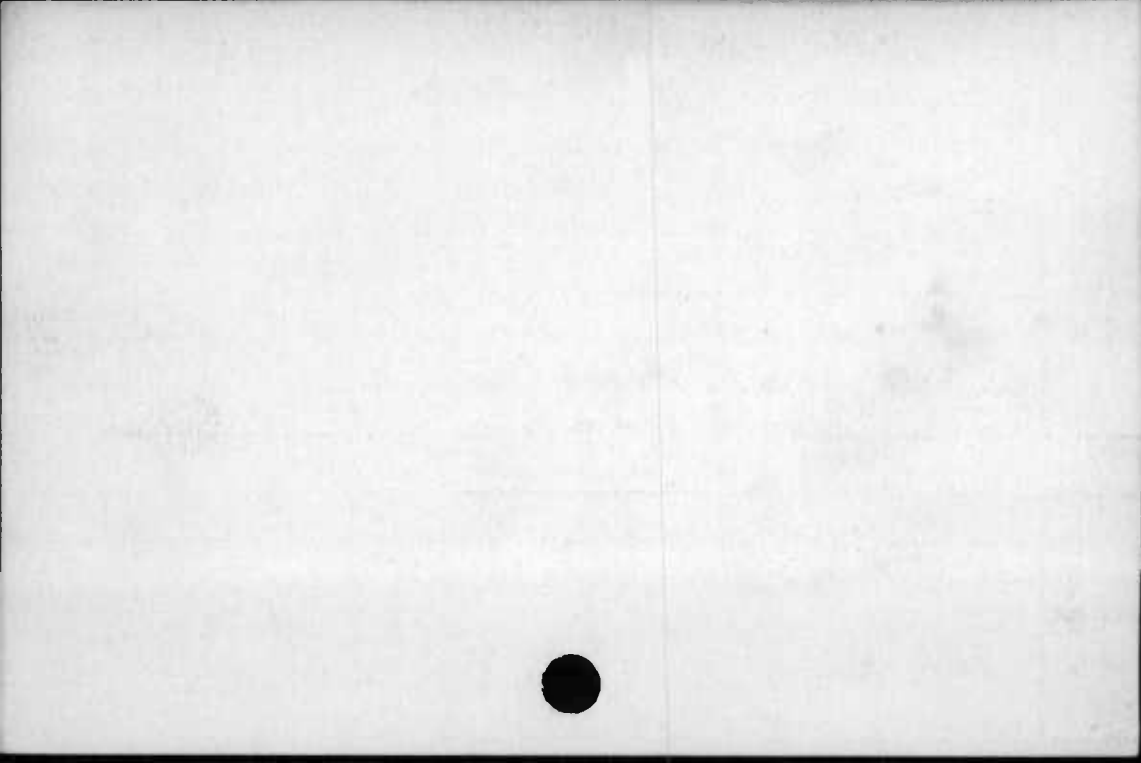
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Beverly</i>		Town		<i>Balto Co.</i>		County		MARYLAND	
Date of death <i>1906</i>		Month <i>May</i>		Day <i>26</i>		Age <i>37</i>		Years	
								Months <i>7</i>	
								Days <i>one</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Beverly Balto Co.</i>					
Occupation <i>Lawyer</i>				Where Residing if not at place of death					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband							
Father's Name <i>Gerard S. Watts</i>		Father's Birthplace <i>Balto. Md</i>							
Mother's Maiden Name <i>Annie E. Wolvington</i>		Mother's Birthplace <i>Va</i>							
Name of person giving information <i>Mrs. Gerard Watts</i>		How related to deceased <i>Mother</i>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Sarcoma of testes</i>	How long	<i>2 1/2 years</i>
Immediate	<i>Sarcoma of abdominal organs</i>	How long	<i>about one year</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr. Chas. Deegen</i>	
		Address <i>211 N. Franklin St.</i>	
Accident or Suicide? <i>no</i>			



Name  
in  
FullChild of William C. and Catherine Weber,  
Town County

## CERTIFICATE OF DEATH

MARYLAND

Died at Canton

Balto.

Date of death 1906 May

Day 3

Age Years

Months

Days

Sex Male

Color or Race

White

Birth-place

Balto Co.

Occupation

Where Residing if not at place of death

15 Elliott St. E.H.

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Wm. C. Weber

Father's Birthplace

Md.

Mother's Maiden Name

Catherine Miller

Mother's Birthplace

"

Name of person giving information

Wm. C. Weber

How related to deceased

Father

## CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Still-Born

Maggi Hanning,  
504 Third St.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Girkler & Girkler

1739 E. Eagan St,

St. Matthews Cemetery

May 4-06

Name in Full		J. a. Welsh				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Int Washington</i>		County <i>Balt.</i>		MARYLAND		
	Date of death <i>1906</i>	Month <i>May</i>	Day <i>9</i>	Age <i>37</i>	Months	Days	
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
	Occupation <i>Labour</i>			Where Residing if not at place of death			
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband				
	Father's Name <i>John Welsh</i>			Father's Birthplace <i>Ireland</i>			
	Mother's Maiden Name <i>Mary Stanton</i>			Mother's Birthplace <i>Ireland</i>			
Name of person giving information <i>Patrick Welch</i>			How related to deceased <i>Brother</i>				
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Acute Phthisis</i>			How long <i>6 mos</i>			
	Immediate <i>Exhaustion</i>			How long <i>48 hrs</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>			Signature of Physician <i>C. H. Burton M.D.</i>			
				Address <i>Int Washington</i>			
Accident or Suicide?							

*St. Mary's Cemetery  
Gorhamstown*

MARTIN FAHEY & SONS,  
Funeral Directors & Embalmers,

606 & 608 W. LaFayette Ave.

TELEPHONE 1993

Name  
in  
Full

George Washington White

## CERTIFICATE OF DEATH

Died at <u>Baltonville</u> <small>Town</small>		<u>Balts</u> <small>County</small>		MARYLAND	
Date of death	1906	Month	May	Day	1
Age		Years	56	Months	4
Sex		Male	Color or Race	White	Birth-place
Occupation		Teacher		Where Residing if not at place of death	
Married, Single or Widowed		Single		Name of Wife or Husband	
Father's Name		E. W. White		Father's Birthplace	
Mother's Maiden Name		Jennimah Walters		Mother's Birthplace	
Name of person living in information		Sarah A Smith		How related to deceased	
				Sister	

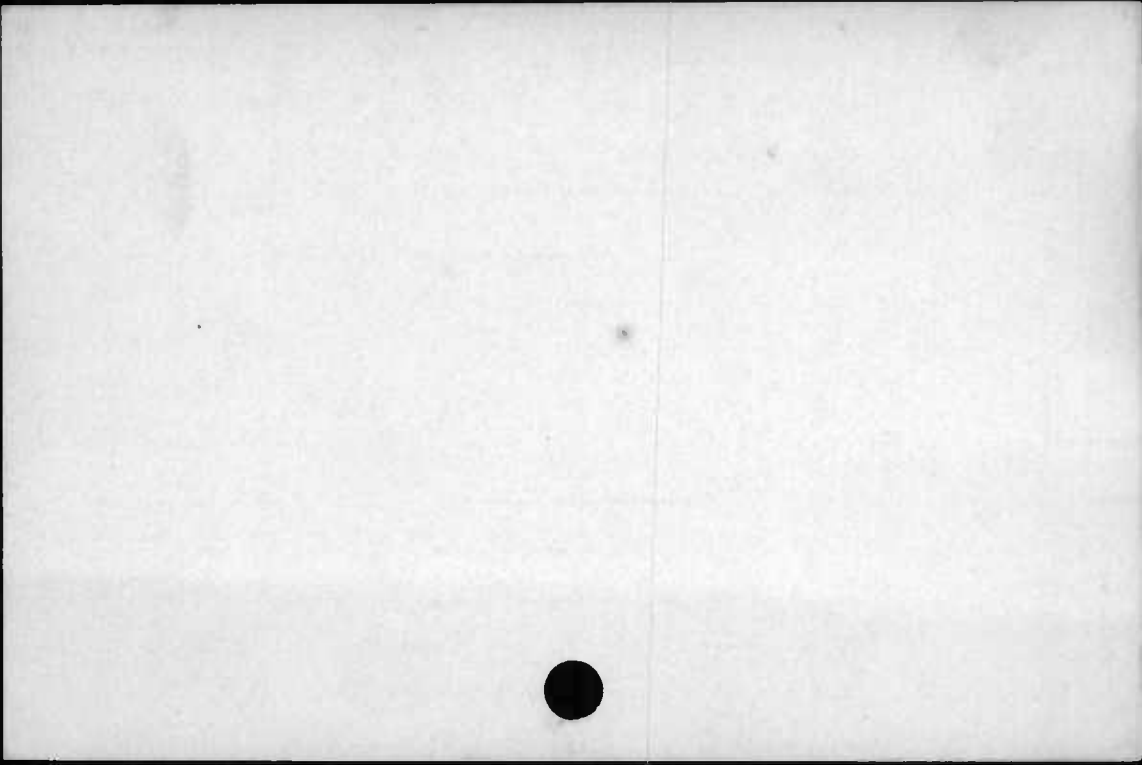
## CAUSES OF DEATH

Primary	Alcoholism	How long	few days
Immediate	Valv. Ins. of Heart	How long	Sudden
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	

Dr. J. M. Mattfeldt  
Baltonville Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full

Certificate of Death

Wesley T. Wilhelm

Town

County

Died at

Date 1906, Month 5, Day 28, Age 60- - Y. M. D. Native of Md Occupation farmer  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living 5

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

16 days

Death

Immediate

Bilious Pneumonia

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name  
in  
Full

Elizabeth Williams

## CERTIFICATE OF DEATH

MARYLAND

Died at Melvale, Roland Park P.O. Baets Co

Date of death 1906 May 14 Age 70

Sex F Color or Race B Birth-place Md

Occupation Wife Where Residing if not at place of death Melvale Md

Married, Single or Widowed Name of Wife or Husband Alexander Williams

Father's Name Mar Shall Father's Birthplace Va

Mother's Maiden Name ? Mother's Birthplace Va

Name of person giving information Alexander Williams How related to deceased Husband

## CAUSES OF DEATH

Primary Paralysis in Bladder (123) How long 2 wks

Immediate Uræmic Coma How long

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Henry F. Cassidy Md

Address Roland Park Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

A. S. Marshall

3539 Falls Road

to Sharp St. Cemetery

May 17 - 06

Name  
in  
Full

CERTIFICATE OF DEATH

MARYLAND

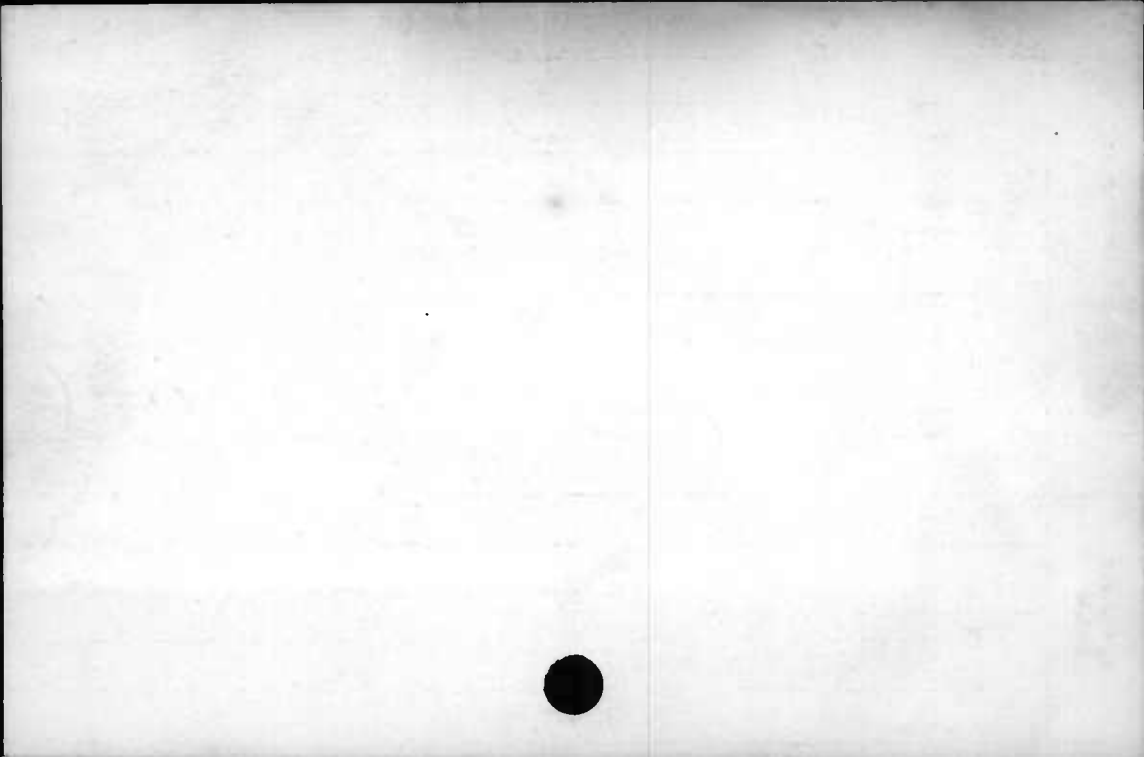
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Augustus E. Kinder</i>		Town <i>Phoenix</i>		County <i>Balto</i>	
Died at <i>Phoenix</i>		Date of death 190 <i>6</i>		Age Years <i>3</i> Months <i>2</i> Days <i>14</i>	
Sex <i>Male</i>		Color of Race <i>Colored</i>		Birth-place <i>Phoenix</i>	
Occupation <i></i>		Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i></i>		Name of Wife or Husband <i></i>			
Father's Name <i>Joshua Kinder</i>		Father's Birthplace <i>Balto Co</i>			
Mother's Maiden Name <i>George &amp; Anna Kinder</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Joshua Kinder</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Drooping Lungs</i>	How long <i>2 weeks</i>
Immediate <i>Emphysema</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i></i>	Signature of Physician <i>J. T. Payer</i>
	Address <i>Shinnestock, Maryland</i>
Accident or Suicide? <i></i>	



Name  
in  
FullGeo. Wilbur Wright,  
Town

## CERTIFICATE OF DEATH

Died at

Fullerton

County

Balto. Co.

MARYLAND

Date

1906

Month

May

Day

15

Age

Years

Months

10

Days

20

Sex

Male

Color or  
Race

white

Birth-  
place

Fullerton

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Geo. W. Wright

Father's  
Birthplace

Fenn, Md.

Mother's  
Maiden Name

Lottie Pratt

Mother's  
Birthplace

Maryd Co.

Name of person giving  
Information

G. W. W.

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Teething with affection of Brain

How long

about 1 week

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Lingard W. P. Pitney  
Fullerton, Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

